

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062851

Entity Name: ESUITES HOTELS LLC

FILED
Jun 01, 2009
Secretary of State

Current Principal Place of Business:

6308 BENJAMIN RD
STE 710
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

6308 BENJAMIN RD
STE 710
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-3607092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ELLENBURG, GERALD D
7154 TRYSAIL CIRCLE
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELLENBURG, GERALD D
Address: 7154 TRYSAIL CIRCLE
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: LANGTON, BRYAN
Address: 6308 BENJAMIN RD, STE 710
City-St-Zip: TAMPA, FL 33634

Title: MGRM (X) Delete
Name: WINTERBOTTOM, SAMUEL
Address: 6308 BENJAMIN RD, STE 710
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERALD D. ELLENBURG

CHM

06/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date