

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078021

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** AP HOTEL MANAGEMENT, LLC

**Current Principal Place of Business:**

900 UNIVERSITY PARKWAY  
SARASOTA, FL 34234 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 UNIVERSITY PARKWAY  
SARASOTA, FL 34234 US

**New Mailing Address:**

P.O.BOX 905  
TALLEVAST, FL 34270 US

FEI Number: 62-1647649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SLEEP INN  
900 UNIVERSITY PARKWAY  
SARASOTA, FL 34234 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: MR  
Name: PATEL, ARUNKUMAR G  
Address: P.O.BOX 905  
City-St-Zip: TALLEVAST, FL 34270 US

I hereby 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: ARUNKUMAR G PATEL

MR

04/19/2011

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