## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000086591

Entity Name: MONA LISA SUITE HOTEL, LLC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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215 CELEBRATION PLACE, SUITE 500 225 CELEBRATION PLACE CELEBRATION, FL 34747 CELEBRATION, FL 34747 US

**Current Mailing Address: New Mailing Address:** 

215 CELEBRATION PLACE, SUITE 500 225 CELEBRATION PLACE CELEBRATION, FL 34747 CELEBRATION, FL 34747 US

FEI Number: 26-0784814 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HABERMAN, WILLIAM 900 PONDVIEW COURT CELEBRATION, FL 34747 US

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: ADDITIONS/CHANGES:

MGRM () Delete HABERMAN, WILLIAM Name: Address: 900 PONDVIEW CRT City-St-Zip: KISSIMMEE, FL 34747

Title: MGRM ( ) Delete Name: DEININGER, PETER

Address: 617 N 4TH ST City-St-Zip: ANN ARBOR, MI 48104

Title: MGRM ( ) Delete GUILLEM, GBERNARD Name:

Address: 3919 SOLYMAR DR City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition

() Change () Addition

() Change () Addition

Name: Address: City-St-Zip:

Title: Name: Address:

City-St-Zip:

Title: 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: WILLIAM HABERMAN **MGRM** 04/14/2009