

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089010

FILED  
Jul 16, 2008  
Secretary of State

**Entity Name:** HOSPITALITY SERVICES OF BAYONET POINT, LLC

**Current Principal Place of Business:**

7210 BEACON WOODS DRIVE  
HUDSON, FL 34667 US

**New Principal Place of Business:**

**Current Mailing Address:**

7210 BEACON WOODS DRIVE  
HUDSON, FL 34667 US

**New Mailing Address:**

FEI Number: 26-1333491      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:**

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

BLACKLIDGE, RAYMOND M ESQUIRE  
28810 FALLING LEAVES WAY  
WESLEY CHAPEL, FL 33543 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:**

Title: MGRM ( ) Delete  
Name: STRAWN, STEVE  
Address: 3547 BETTY FORD ROAD, DRIVE #2  
City-St-Zip: MURFREESBORO, TN 37129 US

Title: MGRM (X) Delete  
Name: CROSS, DAVID  
Address: 6327 WEATHERWOOD CIRCLE  
City-St-Zip: WESLEY CHAPEL, FL 33545 US

**ADDITIONS/CHANGES:**

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: STEVE STRAWN

PRES

07/16/2008

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