2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024237

Entity Name: HERITAGE HOTEL ASSOCIATES, LLC

FILED Mar 04, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
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|--------------------------------------|----------------------------------|

500 N. WESTSHORE BLVD., SUITE 740 500 NORTH WESTSHORE BOULEVARD, SUITE 740

TAMPA, FL 33609 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

500 N. WESTSHORE BLVD., SUITE 740 500 NORTH WESTSHORE BOULEVARD, SUITE 740

US TAMPA, FL 33609 TAMPA, FL 33609

FEI Number: 26-2171237 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:

CRONIN, MICHAEL T 911 CHESTNUT STREET US CLEARWATER, FL 33756

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:

() Delete Title: () Change (X) Addition BAYSTAR HOTEL GROUP., LLC Name: Name: Address: Address: 500 NORTH WESTSHORE BOULEVARD, SUITE 740 City-St-Zip: City-St-Zip: TAMPA, FL 33609 US Title: Title: MGRM () Change (X) Addition () Delete Name: Name: SMITH, FORD B. Address: Address: 500 NORTH WESTSHORE BOULEVARD, SUITE 740 City-St-Zip: City-St-Zip: TAMPA, FL 33609 US Title: () Delete Title: MGRM () Change (X) Addition GLOVER, GEORGE E. Name: Name: 500 NORTH WESTSHORE BOULEVARD, SUITE 740 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33609 US Title: () Delete Title: MGRM () Change (X) Addition Name: Name: GIOVENCO, J. NORMAN 500 NORTH WESTSHORE BOULEVARD, SUITE 740 Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33609 US

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: FORD B. SMITH **MGRM** 03/04/2009