

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000024237

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** HERITAGE HOTEL ASSOCIATES, LLC

**Current Principal Place of Business:**

500 NORTH WESTSHORE BOULEVARD, SUITE 740  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 NORTH WESTSHORE BOULEVARD, SUITE 740  
TAMPA, FL 33609 US

**New Mailing Address:**

**FEI Number:** 26-2171237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

GIOVENCO, NORMAN J  
500 N. WESTSHORE BLVD.  
SUITE 740  
TAMPA, FL 33609 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: J. NORMAN GIOVENCO

04/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BAYSTAR HOTEL GROUP, LLC  
Address: 500 NORTH WESTSHORE BOULEVARD, SUITE 740  
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM  
Name: SMITH, FORD B.  
Address: 500 NORTH WESTSHORE BOULEVARD, SUITE 740  
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM  
Name: GLOVER, GEORGE E.  
Address: 500 NORTH WESTSHORE BOULEVARD, SUITE 740  
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM  
Name: GIOVENCO, J. NORMAN  
Address: 500 NORTH WESTSHORE BOULEVARD, SUITE 740  
City-St-Zip: TAMPA, FL 33609 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: J. NORMAN GIOVENCO

MGRM

04/09/2010

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