

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036349

FILED
Mar 21, 2009
Secretary of State

Entity Name: HOSPITALITY PLACE, L.L.C.

Current Principal Place of Business:

2012 HESPERIA WAY
PENSACOLA, FL 32505 US

New Principal Place of Business:

Current Mailing Address:

2012 HESPERIA WAY
PENSACOLA, FL 32505 US

New Mailing Address:

FEI Number: 26-2858055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REDDICK, JAMES
668 WOODLAWN ROAD
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

PATEL, ANIMESH M
2012 HESPERIA WAY
PENSACOLA, FL 32505 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: ANIMESH M. PATEL

03/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, ANIMESH
Address: 2012 HESPERIA WAY
City-St-Zip: PENSACOLA, FL 32505 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: PATEL, MAHENDRA M
Address: 2031 HESPERIA WAY
City-St-Zip: PENSACOLA, FL 32505

Title: MGR () Change (X) Addition
Name: PATEL, KISHOR P
Address: 14710 INNERARITY POINT RD
City-St-Zip: PENSACOLA, FL 32507

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: MAHENDRA M. PATEL

MGR

03/21/2009

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