

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059382

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: SNT HOTEL PARTNERSHIP, LLC

## Current Principal Place of Business:

16015 LAUEL CREEK DR  
DELRAY BEACH, FL 33446

## New Principal Place of Business:

16015 LAUREL CREEK DR  
DELRAY BEACH, FL 33446

## Current Mailing Address:

16015 LAUEL CREEK DR  
DELRAY BEACH, FL 33446

## New Mailing Address:

16015 LAUREL CREEK DR  
DELRAY BEACH, FL 33446

FEI Number: 26-3406521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TREFLER, MARTIN  
16015 LAUEL CREEK DR  
DELRAY BEACH, FL 33446 US

## Name and Address of New Registered Agent:

TREFLER, MARTIN  
16015 LAUREL CREEK DR  
DELRAY BEACH, FL 33446 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:

01/07/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: TREFLER, MARTIN  
Address: 16015 LAUEL CREEK DR  
City-St-Zip: DELRAY BEACH, FL 33446

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TREFLER, MARTIN  
Address: 16015 LAUREL CREEK DR  
City-St-Zip: DELRAY BEACH, FL 33446

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: MARTIN TREFLER

MGR

01/07/2009

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