

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078812

FILED
Apr 17, 2009
Secretary of State

Entity Name: LEGACY HOTEL ADVISORS, LLC

Current Principal Place of Business:

189 SOUTH ORANGE AVE., 11TH FLOOR
ORLANDO, FL 32801

New Principal Place of Business:

189 SOUTH ORANGE AVE., 11TH FLOOR
SUITE 1150
ORLANDO, FL 32801

Current Mailing Address:

189 SOUTH ORANGE AVE., 11TH FLOOR
ORLANDO, FL 32801

New Mailing Address:

189 SOUTH ORANGE AVE., 11TH FLOOR
SUITE 1150
ORLANDO, FL 32801

FEI Number: 26-3242967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE.
SUITE 1000 (MJG)
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

JAY, BERLINSKY
189 SOUTH ORANGE AVE
SUITE 1150
ORLANDO, FL 32801 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: JAY BERLINSKY

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: CRM () Change (X) Addition
Name: TOM, HUTCHISON CHAIRMA
Address: 189 SOUTH ORANGE AVE STE 1150
City-St-Zip: ORLANDO, FL 32801 US

Title: CEO () Change (X) Addition
Name: JAY, BERLINSKY CEO
Address: 189 SOUTH ORANGE AVE STE 1150
City-St-Zip: ORLANDO, FL 32801

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: JAY BERLINSKY

CEO

04/17/2009

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