

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000110148

**Entity Name:** NHTE LEISURE VILLAS, LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1101 30TH STREET, N.W., SUITE 400  
WASHINGTON, DC 20007

**New Principal Place of Business:**

**Current Mailing Address:**

1101 30TH STREET, N.W., SUITE 400  
WASHINGTON, DC 20007

**New Mailing Address:**

**FEI Number:** 45-2319045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, GARY J  
201 S BISCAYNE BLVD SUITE 1500 (GJC)  
MIAMI, FL 33131 US

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

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:**

**Title:** PRES  
**Name:** BODAKEN, MICHAEL  
**Address:** 1101 30TH STREET, N.W. SUITE 400  
**City-St-Zip:** WASHINGTON, DC 20007

**Title:** VP  
**Name:** KLINE, SCOTT L  
**Address:** 1101 30TH STREET, N.W. SUITE 400  
**City-St-Zip:** WASHINGTON, DC 20007

**Title:** TRES  
**Name:** AMENT, GILLIAN E  
**Address:** 1101 30TH STREET, N.W. SUITE 400  
**City-St-Zip:** WASHINGTON, DC 20007

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:** GILLIAN E. AMENT

TRES

01/04/2012

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