


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90373 043 \*\*\*138.75

DOCUMENT # L98000002376

1. Entity Name  
 BURDEN HOTEL ASSOCIATES, LC



Principal Place of Business 114 ANNAPOLIS STREET ANNAPOLIS, MD 21401 US 818 WHITE STREET, #9 KEY WEST, FL 33040	Mailing Address 114 ANNAPOLIS STREET ANNAPOLIS, MD 21401 US 818 WHITE STREET, #9 KEY WEST, FL 33040
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04282008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 05-0501385	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE William Burruss WILLIAM BURRUSS 4-28-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WFB HOLDINGS, LLC 114 ANNAPOLIS STREET ANNAPOLIS, MD 21401	818 WHITE STREET, #9 KEY WEST, FL 33040
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: William Burruss WILLIAM BURRUSS 4-28-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #