

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002376

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** BURDEN HOTEL ASSOCIATES, LC

**Current Principal Place of Business:**

818 WHITE STREET #9  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

818 WHITE STREET #9  
KEY WEST, FL 33040 US

**New Mailing Address:**

FEI Number: 51-0006522      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR ( ) Delete  
Name: WFB HOLDINGS, LLC  
Address: 818 WHITE STREET #9  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WFB HOLDINGS, LLC  
Address: 818 WHITE STREET #9  
City-St-Zip: KEY WEST, FL 33040 US

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: WILLIAM BURRUSS

MGR

04/28/2009

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