


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L98000002414 1. Entity Name HOTEL 80, L.C.	
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Principal Place of Business 1000 OMNI BLVD. NEWPORT NEWS, VA 23606	Mailing Address 1000 OMNI BLVD. NEWPORT NEWS, VA 23606
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03272006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0897192	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MACLAREN, LINDA O 798 SOUTH FEDERAL HIGHWAY BOCA RATON, FL 33429

**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 _____ (NOTE: Registered Agent signature required when re-stating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

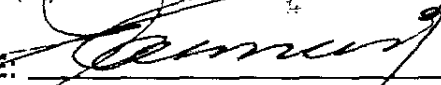
**Filing Fee is \$50.00
Due by May 1, 2006**

000000515662
04/29/06-80218-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ECONOMOS, NICK 4000 N. FEDERAL HIGHWAY STE. 206 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIAMONSTEIN, ARTHUR 1086 ALGONQUIN ROAD NORFOLK, VA 23505
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMESS, BARRY 10823 WEATHERVANE ROAD RICHMOND, VA 23233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COMESS, ALLAN 401 ATLANTIC AVE., APT. 1206 VIRGINIA BEACH, VA 23451
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 603, Florida Statutes.

SIGNATURE:  **NICK ECONOMOS** 04/04/2006 (757) 591-3519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #