

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L98000002414

1. Entity Name
HOTEL 80, L.C.



Principal Place of Business
**1000 OMNI BLVD.
NEWPORT NEWS, VA 23606**

Mailing Address
**1000 OMNI BLVD.
NEWPORT NEWS, VA 23606**



04202007 No 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 ☐

\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

U000000735470
05/10/07-80035-002 50.00

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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: _____

NICK ECONOMOS 04/25/2007 (757) 591-3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #