


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2008 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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DO NOT WRITE IN THIS SPACE



04162008 No Chg-LLC

CR2E083 (12/07)

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

CORPCO, INC
2699 SOUTH BAYSHORE DRIVE 7TH FLOOR
MIAMI, FL 33133

**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


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

000000917862
05/13/08-80059-010 138.75

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	

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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** 04/21/2008 (757) 591-3519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #