

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000000824**

1. Entity Name  
**TAMPA OAKS HOTEL, L.L.C.**



Principal Place of Business

**4200 WEST CYPRESS STREET, SUITE 444  
TAMPA, FL 33607**

Mailing Address

**4200 WEST CYPRESS STREET, SUITE 444  
TAMPA, FL 33607**



04212004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0917332**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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, 2004**

U00000131574  
04/27/04-80010-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RAUENHORST, JOSEPH J  
1300 SAWGRASS CORPORATION PKWY., STE. 144  
SUNRISE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GREENFIELD, BARRY W  
4200 W. CYPRESS STREET, STE. 444  
TAMPA, FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SEMANS, EDWARD M  
4200 W. CYPRESS STREET, STE. 444  
TAMPA, FL 33607**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:

*Barry Greenfield*

4/23/04 (813) 877-4444