

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90201 032 ****50.00

20005268



01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number **65-0917332** Applied For ☐ Not Applicable ☐

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

DOCUMENT # L99000000824

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



Principal Place of Business
**8910 UNIVERSITY CENTER LANE, SUITE 500
SAN DIEGO, CA 92122**

Mailing Address
**8910 UNIVERSITY CENTER LANE, SUITE 500
SAN DIEGO, CA 92122**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of Now Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **Tampa Hotel Ventures, LLC**
STREET ADDRESS **8910 University Center Lane Suite 500**
CITY-ST-ZIP **San Diego, CA 92122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael S. Gallegos, Manager of American Property Investors - Tampa, LLC, the
Manager of Tampa Hotel Ventures, LLC, Manager

1/25/05

Date

858-964-5500

Daytime Phone #