

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT# L99000002478

1. Entity Name
SUNBELT HOTELS-FLORIDA II, L.L.C.



Principal Place of Business
2733 ROSE CLARK CIR
DOTHAN, AL 36301

Mailing Address
POST OFFICE BOX 5566
DOTHAN, AL 36302



04082004 No Chg-LLC

CR2E083(10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
63-1223944

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 Agents' signature is required when re-

instating.)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000120885
04/20/04-80028-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BLUMBERG, LARRY G
STREET ADDRESS	POST OFFICE BOX 5566
CITY - ST - ZIP	DOTHAN, AL 36302
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: *Richard Blumberg* Richard Blumberg

4-16-04

(334) 793-6855

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

Date

Daytime Phone