2005 LIMITED LIABILITY COMPANY

FILED Apr 09, 2005 08:00 AM

	ANNUAL	REPORT		Company	4 CC4 - 4 -
DOCU	MENT # L990000024	78		Secre	tary of State
1. Entity Nan	ne T HOTELS-FLORIDA II, L.L.C				
SUNDEL	T HOTELS-FLORIDA II, C.E.C	<i>-</i> -			
Principal Plac	ce of Business -	Mailing Address			
2733 ROSE Dothan, Al		POST OFFICE BOX 5566 DOTHAN, AL 36302			
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DO NOT WRITE IN THIS SPACE					mil# (im) #imii im#W; im#Wi);; immi
			CE	03282005 No Chg-LLC C	R2E083 (10/03)
				4. FEI Number 63-1223944	Applied For Nor Applicable
ļ				5. Certificate of Status Desired	\$5.00 Additional Fee Required
Name and Address of Current Registered Agent					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				DO NOT WRI	T E
			IN THIS SPACE		
TECHTATION, TE 33324					
(
		he purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida.	am familiar with, and accept
ine obliga	tions of registered agent.		**		
SIGNATURE.	Signature, typed or printed name of registered agent and	Title if applicable (NOTE Register	ed Agent signatura required	when reinstating) D	ATE
le:	Ning Fee is \$50 00				
D	lling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBER	5/MANAGERS			the same of the sa
TITLE	MGR				
NAME STREET ADDRESS	BLUMBERG, LARRY G POST OFFICE BOX 5566			The second secon	
CITY-ST-ZIP	DOTHAN, AL 36302	- - -]	•	•
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CITY-ST-ZIP					
TITLE]		
NAME STREET ADDRESS]		

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Like Way

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

4-0505

Daytime Phone #