

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000008043

Entity Name  
 SOURCE HOTEL PROPERTIES, LLC



Principal Place of Business

3990 TAMPA RD.  
 OLDSMAR, FL 34677

Mailing Address

3990 TAMPA RD.  
 OLDSMAR, FL 34677



01042006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3613791	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

SIMONE, PAUL  
 3990 TAMPA RD  
 OLDSMAR, FL 34677

**DO NOT WRITE IN THIS SPACE**

I, 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, 2006

100000399390  
 01/30/06-80092-019 50.00

MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMONE, PAUL 3990 TAMPA ROAD OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEYDEN, BRIAN L 389 E. DOUGLAS RD. OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONATO, SIMONE 9214 18TH DRIVE NW BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALBERTRANI, TOM 120 CHERRY VALLEY AVE GARDEN CITY, NY, 11530
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 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 606, Florida Statutes.

SIGNATURE:

*Paul Simone*

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

1-19-06

813-854-3080

Date

Daytime Phone #