

**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**



01042006No 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 ☐

**\$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**

**1100000398390  
01/30/06-80092-019 50.00**

**MANAGING MEMBERS/MANAGERS**

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

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

Date

**1-19-06**

Daytime Phone #

**813-854-3080**