

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # L99000008043

1. Entity Name

FOURCE HOTEL PROPERTIES, LLC



Principal Place of Business

3990 TAMPA RD.
OLDSMAR FL 34677

Mailing Address

3990 TAMPA RD.
OLDSMAR FL 34677



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

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

7. Name and Address of New Registered Agent

SIMONE, PAUL
3990 TAMPA RD
OLDSMAR FL 34677

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM SIMONE, PAUL 3990 TAMPA ROAD OLDSMAR FL 34677	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM LEYDEN, BRIAN L 389 E. DOUGLAS RD. OLDSMAR FL 34677	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM DONATO, SIMONE 9214 18TH DRIVE NW BRADENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ALBERTRANI, TOM 120 CHERRY VALLEY AVE GARDEN CITY NY 11530	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	000000600550 01/26/07-80015-001 50.00	
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

1/22/07