


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000008043**

1. Entity Name  
**FOURCE HOTEL PROPERTIES, LLC**



Principal Place of Business      Mailing Address  
**3990 TAMPA RD.**      **3990 TAMPA RD.**  
**OLDSMAR FL 34677**      **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 (10/07)

**6. Name and Address of Current Registered Agent**

**SIMONE, PAUL**  
**3990 TAMPA RD**  
**OLDSMAR FL 34677**

**7. Name and Address of New Registered Agent**

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 *Paul Simone*      DATE 1/28/08

Signature, typed or printed name of registered agent and fee applicable      (NOTE: Registered Agent's signature is required when incorporating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

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

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 02/07/08-80037-005-138.75

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: *Paul Simone*      DATE: 1/28/08      813-891-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Copy to Proccs