# 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.<br>OLDSMAR FL 34677 | 3990 TAMPA RD.<br>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)

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<br>3990 TAMPA RD<br>OLDSMAR FL 34677 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 — 1/28/08

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature is required when filing) DATE

**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 | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | SIMONE, PAUL | NAME | |
| STREET ADDRESS | 3990 TAMPA ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | CITY-ST-ZIP | |
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | LEYDEN, BRIAN L | NAME | |
| STREET ADDRESS | 389 E. DOUGLAS RD. | STREET ADDRESS | |
| CITY-ST-ZIP | OLDSMAR FL 34677 | CITY-ST-ZIP | U00000008132 02/07/08-80037-005 138.75 |
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | DONATO, SIMONE | NAME | |
| STREET ADDRESS | 9214 18TH DRIVE NW | STREET ADDRESS | |
| CITY-ST-ZIP | BRADENTON FL 34209 | CITY-ST-ZIP | |
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | ALBERTRANI, TOM | NAME | |
| STREET ADDRESS | 120 CHERRY VALLEY AVE | STREET ADDRESS | |
| CITY-ST-ZIP | GARDEN CITY NY 11530 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 — 1/28/08 813-891-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #