

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008043

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: FOURCE HOTEL PROPERTIES, LLC

**Current Principal Place of Business:**

3990 TAMPA RD.  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

3990 TAMPA RD.  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 59-3613791

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMONE, PAUL  
3990 TAMPA RD  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SIMONE, PAUL  
Address: 3990 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Delete  
Name: LEYDEN, BRIAN L  
Address: 389 E. DOUGLAS RD.  
City-St-Zip: OLDSMAR, FL 34677

Title: MGRM ( ) Delete  
Name: DONATO, SIMONE  
Address: 9214 18TH DRIVE NW  
City-St-Zip: BRADENTON, FL 34209

Title: MGRM ( ) Delete  
Name: ALBERTRANI, TOM  
Address: 120 CHERRY VALLEY AVE  
City-St-Zip: GARDEN CITY, NY 11530

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

06/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date