

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