

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000008043

**FILED**  
**Jan 27, 2010**  
**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:**

4052 TAMPA RD.  
OLDSMAR, FL 34677

**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  
Name: SIMONE, PAUL  
Address: 3990 TAMPA ROAD  
City-St-Zip: OLDSMAR, FL 34677

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

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

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

I hereby 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

PRES

01/27/2010

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