

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90149 024 ****50.00

DOCUMENT # M00000002355

1. Entity Name

NEW PORT RICHEY INVESTORS, LLC



Principal Place of Business

**CLARION HOTEL
5316 U.S. HWY. 319
NEW PORT RICHEY FL 34652**

Mailing Address

**C/O RAICHE & COMPANY
680 CENTRAL AVENUE
DOVER NH 03820**

2. Principal Place of Business

Clarion Hotel

3. Mailing Address

Suite, Apt. #, etc.

5316 U.S. HWY. 319

City & State

New Port Richey, FL

Zip

34652

Country

USA

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD.
PLANTATION FL 33324**

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 *Lisa Goodman Bookkeeper*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/11/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RAICHE, LAWRENCE R CPA	
STREET ADDRESS	680 CENTRAL AVE.	
CITY-ST-ZIP	DOVER NH 03820	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KT INVESTMENTS, LLC	
STREET ADDRESS	300 WOODBURY AVENUE	
CITY-ST-ZIP	PORTSMOUTH NH 03801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Laurence R Raiche* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/11/03

DATE

603-742-8894

DAYTIME PHONE #

CR2E083 (10/02)