

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90044 010 \*\*\*\*50.00

**DOCUMENT # M01000000935**

1. Entity Name  
**FERNANDINA BEACH HOTEL GROUP, LLC**



Principal Place of Business  
**2707 SADLER RD.  
FERNANDINA BEACH, FL 32034**

Mailing Address  
**C/O BEST WESTERN INN AT AMELIA ISLAND  
55 EAST JACKSON BLVD., SUITE 500  
CHICAGO, IL 60604**

**40103469**



07072006No Chg-LLC CR2E083 (11/05)

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4. FEI Number  
**36-4328217**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ALAN K. MARCOS, P.A.  
1320 S. DIXIE HIGHWAY, SUITE 1045  
CORAL GABLES, FL 33146**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MOLLOD, MICHAEL  
~~26 ADAM LANE~~ P.O. Box 1307  
WESTHAMPTON BEACH, NY 11978**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Fernandina Beach Hotel Group, LLC*  
*(Michael Mollo - Manager)*

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

Date

Daytime Phone

**631-288-2133**