

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**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**



04022008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MOLLOD, MICHAEL  
PO BOX 1307  
WESTHAMPTON BEACH, NY 11978**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WEINER, LAWRENCE H  
55 E JACKSON BLVD STE 500  
CHICAGO, IL 60604**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NUDO, GERALD L  
55 E JACKSON BLVD STE 500  
CHICAGO, IL 60604**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000391878  
04/23/08-80040-022 138.75

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

**4/8/08**  
Date

**312-884-5442**  
Daytime Phone #