

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90061 012 ***138.75

DOCUMENT # M01000001492					
1. Entity Name E SUITES MANAGEMENT, LLC					
Principal Place of Business 7154 TRYSAIL CIRCLE TAMPA, FL 33607			Mailing Address 7154 TRYSAIL CIRCLE TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box # 6308 Benjamin Rd.		3. Mailing Address 6308 Benjamin Rd.			
Suite, Apt. #, etc. Suite 710		Suite, Apt. #, etc. Suite 710			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33634	Country US	Zip 33634	Country US	4. FEI Number 59-3704561	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ELLENBURG, GERALD D 7154 TRYSAIL CIRCLE TAMPA, FL 33607			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MATRIX LODGING LLC 7154 TRYSAIL CIRCLE TAMPA, FL 33607	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR eSuites Hotels, LLC. 6308 Benjamin Rd Suite 710 Tampa, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Gerald D. Ellenburg** 5/1/08 813-882-0410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: Date Daytime Phone #