Mar 01 04 01:56p

HOTEL SABA

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCU 1. Entity Nar THE INN		81		03-12-2004 90	22/ 029 ****5:	5.00	
Principal Plac	ce of Business	Mailing Address		·	240105	0.0	
115 HOPE TOWN LANE ROSEMARY BEACH		115 HOPE TOWN LANE			240195		
PANAMA CITY BEACH FL 32413		ROSEMARY BEACH PANAMA CITY BEACH FL 32413					
<u> </u>				. E HOUTEN IN ANTE HEND BRIT ON IN ANTE	. 13 11 2311 1101 1101 1101 1101 1		
2. Principal Place of Business		3. Mailing Address					
O the Act H of		P.O. Box 6/1280			- 4871 BBNS N359 JIBB 18181 N	EBYLINI JOŻY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE C	R2E083 (11/03)		
City & State		City & State		4. FEI Number	Ar	plied For	
		Kosemary Boo	ach FL	04-3649391		t Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Add		
	5 N	33461-99981	Walton			<u> </u>	
6Name and Address of Current Registered Agent			Name	7. Name and Address of New Regi	atered Agent		
MALUGEN, JOE T							
115 HOPE TOWN LANE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
ROSEMARY BEACH					~		
PAI	NAMA CITY BEACH FL 3241	3	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.							
the optional of teligrates again.							
SIGNATURE							
The state of the s							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State							
			By May 1, 2004				
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CH	IANGES		
TITLE	MGR	☐ Delete	TITLE	7,0011101107011	☐ Change	☐ Addition	
MANE	MALUGEN, JOE T		NAME		الله الله الله الله الله الله الله الله		
STREET ACCRESS	900 W. MAIN STREET		STREET ADDRESS				
CITY-ST-ZIP	DOTHAN AL 36301		CITY-ST-ZIP				
TITLE		☐ Defete	TITLE		` 🔲 Change	Addition	
NAME other append			name Street address				
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TITLE		□ Dclete	ти		Change	Addition	
NAME	{		NAME				
STREET ADDRESS	-	-	STREET ADDRESS	·			
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STREET ADDRESS	(STREET ADDRESS				
C:TY-ST-ZIP			CITY-ST-ZIP				
TOTALE 4		☐ Delete	TITLE		☐ Change	Addition	
NAME	<u>'</u>		NAME CAREET ADDRESS				
STREET ADDRESS City-St-ZiP			STREET ADDRESS CITY-ST-ZIP	وراتين والمعادية			
1 -	partify that the information consider with	this filing does not qualify for		n Section 119 07(3)(i) Floride Statutes file	ther certify that the in	formation	
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.							
amiliao kability company or the receiver or litusiae empowered to execute this report as required by Chapter duo, Florida Statutes.							

FILED

Mar 12, 2004 8:00 am Secretary of State 03-12-2004 90227 029 ****55.00