## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## Apr 14, 2005 08:00 AM Secretary of State DOCUMENT # M02000002281 1. Entity Name THE INN, LLC Principal Place of Business Mailing Address 115 HOPE TOWN LANE P.O. BOX 611280 ROSEMARY BEACH ROSEMARY BEACH, FL 32461-9998 PANAMA CITY BEACH, FL 32413 04052005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3649391 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALUGEN, JOE T DO NOT WRITE 115 HOPE TOWN LANE **ROSEMARY BEACH** IN THIS SPACE PANAMA CITY BEACH, FL 32413 3. 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, typed or printed name of registered agent and 'Me if applicable. (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME MALUGEN, JOE T 900 W, MAIN STREET STREET ADDRESS **DOTHAN, AL 36301** CITY - ST - ZIP TITLE NAME STREET ADDRESS U00000304781 04/14/05-80054-023 50.00 CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

334-677-2108

04-07-05