

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90137 008 ****50.00

DOCUMENT # M03000002775

1. Entity Name
INTOWN SUITES BEACH BOULEVARD, LLC



Principal Place of Business
2727 PACES FERRY RD
STE II-1200
ATLANTA, GA 30339

Mailing Address
2727 PACES FERRY RD
STE II-1200
ATLANTA, GA 30339

20006010



2. Principal Place of Business - No P.O. Box #
11451 Beach Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007 Chg-LLC CR2E083 (12/06)

City & State
Jacksonville FL

City & State

4. FEI Number
58-2486131

Applied For
Not Applicable

Zip
32246

Country
Duval

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME INTOWN SUITES GROUP TWO, LLC
STREET ADDRESS 2727 PACES FERRY RD, STE II-1200
CITY-ST-ZIP ATLANTA, GA 30339

TITLE Manager ☐ Change ☒ Addition
NAME Doug Wells
STREET ADDRESS 2727 Paces Ferry Rd Ste 2-1200
CITY-ST-ZIP Atlanta GA 30339

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Manager ☐ Change ☒ Addition
NAME Mike Weinstein
STREET ADDRESS 2727 Paces Ferry Rd Ste 2-1200
CITY-ST-ZIP Atlanta GA 30339

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Manager ☐ Change ☒ Addition
NAME Scott Griffith
STREET ADDRESS 2727 Paces Ferry Rd Ste 2-1200
CITY-ST-ZIP Atlanta GA 30339

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Manager ☐ Change ☒ Addition
NAME Dennis Cassel
STREET ADDRESS 2727 Paces Ferry Rd Ste 2-1200
CITY-ST-ZIP Atlanta GA 30339

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]*

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

2-22-07

Date

770 199 5184

Daytime Phone #