

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000001221**

1. Entity Name  
**SIRATA BEACH RESORT LLC**



Principal Place of Business  
**5300 GULF BOULEVARD  
ST. PETE BEACH, FL 33706**

Mailing Address  
**5300 GULF BOULEVARD  
ST. PETE BEACH, FL 33706**



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-0927559**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**NICKLAUS, H. GREGG  
5300 GULF BOULEVARD  
ST. PETE BEACH, FL 33706**

**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

**1/24/08**

**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  
**MGR  
NICKLAUS-BALL, LENNE  
5300 GULF BOULEVARD  
ST. PETE BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HVAL, VALERIE N  
5300 GULF BOULEVARD  
ST. PETE BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NICKLAUS, HARRY G  
5300 GULF BOULEVARD  
ST. PETE BEACH, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MORRISSEY, JOHN T  
225 WEST 34TH STREET, SUITE 910  
NEW YORK, NY 10122**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
NICKLAUS, DEBORAH L  
5300 GULF BOULEVARD  
SAINT PETERSBURG, FL 33706**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000803763  
02/05/08-80039-013 138.75

**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:**

**1/24/08**

**727-363-5786**

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

Date

Daytime Phone #