

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-03-2006 90071 006 ****50.00

DOCUMENT # M05000003876

1. Entity Name
INTOWN SUITES MILITARY TRAIL, LLC



Principal Place of Business
**5801 MILITARY TRAIL NORTH
RIVIERA BEACH, FL 33407-1806**

Mailing Address
**5801 MILITARY TRAIL NORTH
RIVIERA BEACH, FL 33407-1806**

38005362

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2727 Paces Ferry Rd. Ste.II-1200 01182006 Chg-LLC CR2E083 (11/05)
Atlanta, GA 30339

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3101591

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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's signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MILITARY TRAIL, INC.
300 GALLERIA PARKWAY, SUITE 1200
ATLANTA, GA 30339** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2727 Paces Ferry Rd. Ste.II-1200
Atlanta, GA 30339** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: *M. W. H.* CORP. SECRETARY 3-23-06 (770) 799-5218

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

Date

Daytime Phone #