


20 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # M06000000470

1. Entity Name
ROBERTS HOTELS MANAGEMENT TAMPA, LLC



Principal Place of Business 1408 NORTH KINGSHIGHWAY, STE. 300 ST. LOUIS, MO 63113	Mailing Address 1408 NORTH KINGSHIGHWAY, STE. 300 ST. LOUIS, MO 63113
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DO NOT WRITE IN THIS SPACE



03112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4155292	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

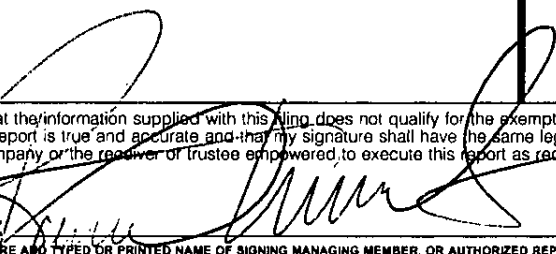
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, MICHAEL V 1408 NORTH KINGSHIGHWAY, STE. 300 ST. LOUIS, MO 63113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, STEVEN C 1408 NORTH KINGSHIGHWAY, STE. 300 ST. LOUIS, MO 63113
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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:  **3-14-08** **814-256-4718**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #