


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000001281 1. Entity Name PSL HOTEL INVESTORS, LLC	
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Principal Place of Business 1933 CLIFF DRIVE, SUITE 1 SANTA BARBARA, CA 93109	Mailing Address 1933 CLIFF DRIVE, SUITE 1 SANTA BARBARA, CA 93109
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01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4168558	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000593376
01/22/07-80029-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IWF GOLF HOTEL INVESTORS, L.P. 1933 CLIFF DRIVE, SUITE 1 SANTA BARBARA, CA 93109
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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: *Thomas J. Gamble* **THOMAS J. GAMBLE** 1-17-07 (805) 957-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE AUTH REP Date Daytime Phone #