
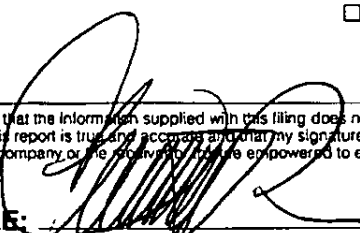


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
May 07, 2007 8:00 am
Secretary of State

04-18-2007 90031 019 ****50.00

DOCUMENT # M06000005950 1. Entity Name INDIAN CREEK HOTEL INVESTORS, LLC					
Principal Place of Business 1140 RESERVOIR AVE. CRANSTON, RI 02920			Mailing Address 1140 RESERVOIR AVE. CRANSTON, RI 02920		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 20-5839444	
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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reappointing) _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR PROCACCIAITA, ELIZABETH 1140 RESERVOIR AVE. CRANSTON, RI 02920			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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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 authorized officer empowered to execute this report as required by Chapter 606, Florida Statutes.					
SIGNATURE:  Elizabeth Procacciaita 4/11/07 (401) 96-4600					

30007014



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-5839444** Applied For Not Applicable

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

FL

Zip Code

**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

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CITY-ST-ZIP

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1140 RESERVOIR AVE.
CRANSTON, RI 02920

☐ Delete

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SIGNATURE:

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

Date

Office Phone #