2007 LIMITED LIABILITY COMPANY

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	ANNUAL	REPURI		· Augu	<i>i</i> o, 200 /
1. Entity Nam	MENT # M06000006 SPRINGS HOTEL LLC	013		Se	cretary of Stat
689 THALIA	ce of Business POINT ROAD ACH, VA 23452	Mailing Address 689 THALIA POINT ROAD VIRGINIA BEACH, VA 23452			
				08022007No Chg-LLC	CR2E083 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 20-5744386 5. Certificate of Status Desired	Applied For Not Applicabl
	6. Name and Address of Current R	egistered Agent		3. Certificate of Status Desired	Fee Required
PATEL, CHANDRAKANT R 3511 CLEVELAND STREET FORT MYERS, FL 33901			DO NOT WRITE IN THIS SPACE		
8. The above named entity submite this statement for the purpose of changing its registered the obligations of registered agent SIGNATURE Scrauge, typed or purpose there of registered agent and file It applicable (NOTE: Registered A			ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8/2/07— 3 Agent signature required when reinstating) DATE		
Fil Due l	ling Fee is \$50.00 by September 14, 2007		7		
9.	MANAGING MEMBER	S/MANAGERS			A STATE OF THE PARTY OF THE PAR
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, BHARAT 689 THALIA POINT ROAD VIRGINIA BEACH, VA 23452			U000007 08/07/07-6	771485 30004-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE			1	•	***

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 of trystee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

NAME STREET ADDRESS

NAME STREET ADDRESS CATY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Date Daytime Phone #