


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 07, 2008 8:00 am**  
**Secretary of State**

08-07-2008 90010 001 \*\*\*138.75

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # M07000000794</b>  |   |  |   |   |  |
| <b>1. Entity Name</b><br>ADDY'S INN, LLC  |   |  |   |  |  |
| <b>Principal Place of Business</b><br>720 EAST BROAD STREET<br>SUITE 200<br>COLUMBUS, OH 43215  |   |  | <b>Mailing Address</b><br>720 EAST BROAD STREET<br>SUITE 200<br>COLUMBUS, OH 43215  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>330 Tamiami Trail N  |   | <b>3. Mailing Address</b>  |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |  |  |
| <b>City &amp; State</b><br>Nokomis, FL  |   | <b>City &amp; State</b>  |   | <b>4. FEI Number</b><br>NOT APPLICABLE   |  |
| <b>Zip</b><br>34275   |   | <b>Country</b>   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CHARBONNEAU, ANDRE K.R. ESQ.<br>2033 MAIN ST. STE 500<br>SARASOTA, FL 34237   |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |  |  |
| <b>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.</b>  |   |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>Due by September 12, 2008</b>  |   | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. |   | <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HIGHLAND MANAGEMENT GROUP, IN<br>720 EAST BORAD ST. SUITE 200<br>COLUMBUS, OH 43215 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Highland Management Group, Inc<br>720 E Broad St. Suite 200<br>Columbus, OH 43215 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>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.</b> |   |  |   |  |  |
| <b>SIGNATURE:</b> _____   |   |  | Date <span style="float: right;">614-242-4000</span>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  |   |  |  |

**50009153**



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