
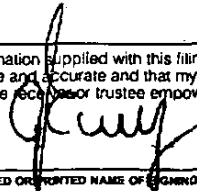


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-09-2008 90061 010 ***138.75

DOCUMENT # M07000002361 1. Entity Name TAMPA ESUITES MANAGER, LLC					
Principal Place of Business 7154 TRYSAIL CIRCLE TAMPA, FL 33607			Mailing Address 7154 TRYSAIL CIRCLE TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box # 6308 Benjamin Rd		3. Mailing Address 6308 Benjamin Rd			
Suite, Apt. #, etc. Suite 710		Suite, Apt. #, etc. Suite 710			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33634		Country US		Zip 33634	
Country US		4. FEI Number 03192008 Chg-LLC CR2E083 (12/06)			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ELLENBURG, GERALD D 7154 TRYSAIL CIRCLE TAMPA, FL 33607			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESUITES HOTELS LLC 7154 TRYSAIL CIRCLE TAMPA, FL 33607	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR esuites Hotels, LLC 6308 Benjamin Rd Ste 710 Tampa, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 record owner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  Gerald D Ellenburg 5/1/08 813-882-0410					