

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000003541

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** ALAFIA HOTEL COMPLEX LLC

**Current Principal Place of Business:**

8620 SOUTH TAMIAMI TRAIL, SUITE N-P  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

8620 SOUTH TAMIAMI TRAIL, SUITE N-P  
SARASOTA, FL 34238

**New Mailing Address:**

**FEI Number:** 26-2437321

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIANNINI, ALESSANDRO A  
8620 SOUTH TAMIAMI TRAIL, SUITE N-P  
SARASOTA, FL 34238 US

**Name and Address of New Registered Agent:**

GIANNINI, ALESSANDRO A DDS  
8620 SOUTH TAMIAMI TRAIL, SUITE N-P  
SARASOTA, FL 34238 US

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.

SIGNATURE: ALESSANDRO A. GIANNINI, DDS

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GIANNINI, ALESSANDRO A DDS  
Address: 8620 SOUTH TAMIAMI TRAIL, SUITE N-P  
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ALESSANDRO A. GIANNINI, DDS

MGRM

01/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date