

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0074962

DOCUMENT # M95000000223

1. Entity Name

INNS OF AMERICA, B.B., L.L.C., L.C.



FILED
03 MAR 25 PM 1:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

7051 SEACREST BL
LANTANA FL 33462

Mailing Address

755 RAIN TREE
SUITE 200
CARLSBAD CA 92009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3/25

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

33-0669261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAY, DWAYNE
C/O GREENSPOON, MARDER
135 W. CENTRAL BLVD., #1100
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

800014696288

03/25/03--01090--002 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HERRICK, WILLIAM C
755 RAIN TREE, STE. 200
CARLSBAD CA 92009 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

William C. Herrick REQUIRED

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

William C. Herrick Managing Member

March 18, 2003

760-438-6661

CR2E083 (10/02)