

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M97000000269

**FILED**  
**Apr 12, 2006**  
**Secretary of State**

**Entity Name:** FRENCH QUARTER II, LLC

**Current Principal Place of Business:**

HAMPTON INN  
1112 SANTA ROSA BLVD.  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RADISSON HOTEL ATLANTA N' LAKE  
4156 LA VISTA ROAD  
TUCKER, GA 30084

**New Mailing Address:**

24 PERIMETER CENTER EAST  
SUITE 2414  
ATLANTA, GA 30346

**FEI Number:** 58-2315612

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** FRENCH QUARTER HOLDI, NGS, INC  
**Address:** 4156 LA VISTA ROAD  
**City-St-Zip:** TUCKER, GA 30084

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** FRENCH QUARTER HOLDI, NGS, INC  
**Address:** 24 PERIMETER CENTER EAST, SUITE 2414  
**City-St-Zip:** ATLANTA, GA 30346

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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:** MICHAEL J KAUFMAN

S

04/12/2006

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