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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # M97000000555** 04-14-2004 90280 031 ****50.00 1. Entity Name SARASOTA PRIME HOTELS, LC Principal Place of Business Mailing Address ATTN: GAIL KNIGHT ATTN: GAIL KNIGHT 3424 PEACHTREE ROAD, N.E., SUITE 800 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 30326 ATLANTA, GA 30326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 58-2337018 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGR TITLE TITLE MGR ☐ Change Addition Delete THOMAS, JOSEPH C. 3424 PEACHTREE ROAD, NE, STE. 800 NAME CROWELL, VINCENT L NAME STREET ADDRESS STREET ADDRESS 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 30326 CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30326 vs Change TITLE **D**elete TITLE Addition BROWN, SCOTT A. MCKEAN, THOMAS A NAME NAME 3424 PEACHTREE ROAD, NE, STE, 800 STREET ADDRESS 3424 PEACHTREE ROAD, N.E., SUITE 800 STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ATLANTA, GA 30326 ATLANTA, GA 30326 TITLE AS ☐ Delete TITLE VAS Change ☐ Addition NEWMARK, DEBBIE J NAME NAME NEWMARK, DEBBIE J. STREET ADDRESS 3424 PEACHTREE ROAD, N.E., SUITE 800 STREET ADDRESS 3424 PEACHTREE ROAD, NE, STE. 800 CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30326 ATLANTA, GA 30326 TITLE ☐ Delete TITLE ☐ Change ■ Addition TODD, CANDICE W NAME NAME STREET ADDRESS STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800 CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30326 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

Debbie J. Newmark

04/06/04

404-846-1300 Davtime Phone #