

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 9:28

DOCUMENT # M97000000555

1. Entity Name
SARASOTA PRIME HOTELS, LC



Principal Place of Business
ATTN: GAIL KNIGHT Freeman
3424 PEACHTREE ROAD, N.E., SUITE 800
ATLANTA, GA 30326

Mailing Address
ATTN: GAIL KNIGHT Freeman
3424 PEACHTREE ROAD, N.E., SUITE 800
ATLANTA, GA 30326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03092006 Chg-LLC CR2E083 (11/05)

4. FEI Number
58-2337018

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME THOMAS, JOSEPH C ☒ Delete
STREET ADDRESS 3424 PEACHTREE ROAD, NE, STE. 800
CITY-ST-ZIP ATLANTA, GA 30326

TITLE P/MGR
NAME ALBERTSON, MARK A. ☐ Change ☒ Addition
STREET ADDRESS 3424 PEACHTREE RD, NE, STE. 800
CITY-ST-ZIP ATLANTA, GA 30326

TITLE V
NAME BROWN, SCOTT A ☐ Delete
STREET ADDRESS 3424 PEACHTREE ROAD, NE, STE. 800
CITY-ST-ZIP ATLANTA, GA 30326

TITLE AS
NAME FREEMAN, GAIL ☐ Change ☒ Addition
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800
CITY-ST-ZIP ATLANTA, GA 30326

TITLE ASV
NAME NEWMARK, DEBBIE J ☐ Delete
STREET ADDRESS 3424 PEACHTREE ROAD, N.E., SUITE 800
CITY-ST-ZIP ATLANTA, GA 30326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100070438121
04/14/06--01022--024 **50.00

TITLE VT
NAME TODD, CANDICE W ☐ Delete
STREET ADDRESS 3424 PEACHTREE RD., NE, STE. 800
CITY-ST-ZIP ATLANTA, GA 30326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Gail Freeman Gail Freeman, AS

3/9/06

404-846-1300

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

Date

Daytime Phone #