

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M98000000671

1. Entity Name
SLC BALMORAL, L.L.C.



Principal Place of Business
5102 WEST LAUREL STREET
SUITE 700
TAMPA, FL 33607

Mailing Address
ATTN: TARA VENERACION
1050 CONNECTICUT AVENUE NW
WASHINGTON, DC 20036

FILED

2005 FEB 16 PM 3: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02082005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
75-2760869

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2005**

100046788341
02/17/05--01014--011 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WWSLA REAL ESTATE LIMITED PARTNERSHIP
5102 W LAUREL STREET/STE 700
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

Thomas D. Ferguson, Authorized Person

SIGNATURE: _____

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

Date

Daytime Phone #