

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000873

**FILED**  
**Mar 21, 2008**  
**Secretary of State**

**Entity Name:** ST. JOHNS BLUFF LODGING, LLC

**Current Principal Place of Business:**

3162 ST. JOHN'S BLUFF ROAD  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

53 JEFFERSON ROAD  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

2839 PACES FERRY ROAD, SUITE 560  
ATLANTA, GA 30339

**New Mailing Address:**

FEI Number: 58-2374196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILLIAM D. BOWEN  
3162 ST. JOHN'S BLUFF ROAD  
JACKSONVILLE, FL 32246 US

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

COMFORT SUITES HOTEL  
53 JEFFERSON ROAD  
JACKSONVILLE, FL 32225 US

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: WILLIAM BOWEN

03/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOWEN, WILLIAM D  
Address: 45 EAGLE DR.  
City-St-Zip: TIFTON, GA 31794

Title: MGRM (X) Delete  
Name: LA HOOD, GEORGE J JR.  
Address: RT 1 BOX 425  
City-St-Zip: VALDOSTA, GA 31602

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM BOWEN

MGRM

03/21/2008

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