

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001537

Entity Name: LAKELAND LODGES LLC

FILED
Jul 01, 2004
Secretary of State

Current Principal Place of Business:

1140 OLD PEACHTREE ROAD, SUITE A
DULUTH, GA 30096

New Principal Place of Business:

Current Mailing Address:

1140 OLD PEACHTREE ROAD, SUITE A
DULUTH, GA 30096

New Mailing Address:

FEI Number: 58-2496685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: MGRM () Delete
Name: CLARK, DIANE A
Address: 1140 OLD PEACHTREE ROAD, SUITE A
City-St-Zip: DULUTH, GA 30096

Title: MGRM () Delete
Name: CLARK, CLIFFORD M
Address: 1140 OLD PEACHTREE ROAD, SUITE A
City-St-Zip: DULUTH, GA 30096

Title: MGRM () Delete
Name: TANT, CLYDE R JR.
Address: 2295 HENRY CLOWER BLVD., SUITE 200
City-St-Zip: SNELLVILLE, GA 30078

ADDITIONS/CHANGES:

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

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 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 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: DIANE A CLARK

MGRM

07/01/2004

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