2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000042148 1. Entity Name GAINESVILLE DOWNTOWN INN VENTURE, INC.						•	FILE JUN -7	Pi; 4:	_	
Principal Place of Business 111 WEST FORTUNE ST. TAMPA, FL 33602		Mailing Address 111 WEST FORTUNE ST. TAMPA, FL 33602			W.		AHASSEE			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05252005	Chg-P	CR2E03	34 (10/03)		
City & State		City & State	City & State		4. FEI Numb 59-363				plied For t Applicable	
Zip	Country	Žip	Count	iry		of Status Desired	, ,	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name A C Line 1 A D ROC						
CALLEN, DAVID H 111 WEST FORTUNE ST.			-	Street Address (P.Q-Box Number is Not Acceptable) Street Address (P.Q-Box Number is Not Acceptable) STP 857						
TAMPA, FL 33					11 W. FORTUNE STREET					
			-	City TAM	PA		FL	Zip Code	700×	
8. The above name the obligations of	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 POR Andre P. allen Pres- 5/26 les										
Signifure, typeObr printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10. OFFICERS AND DIRECTORS				PU	ADDITIONS	/CHANGES TO O	FFICERS AND	_ :		
1				F MAC	LEN, AL	NDRE P		-Change	☐ Addition	
				ET ADORESS ()	w.foet mPA. F	une or	60)	-		
TITLE	□ Delete 1111.			:	,			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			E Et adoress - St-Zip	700056633837 06/29/0501004017 **61.25						
TITLE	•	IIILE			W-1		☐ Change	Addition		
STREET ADDRESS		NAME STREE	E Et adoress							
CITY-ST-ZIP		CITY-	-ST-ZIP				Change	☐ Addition		
NAME		☐ Delete	NAME	E				L.J Ullango	∐ Mudauun	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE NAME	☐ Delete TIN							☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREE	ET ADDRESS -ST-ZIP						
TITLE	<u></u>	☐ Defete	TITLE	:			•	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				E ET ADDRESS -ST-ZIP						
12. 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 or supplemental report is true and accurate end that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivemor trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Proper										