

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000091368

**Entity Name:** HG UNIVERSITY HOTEL DEVELOPERS, LLC**Current Principal Place of Business:**601 BAYSHORE BLVD, STE. 650  
TAMPA, FL 33606**Current Mailing Address:**601 BAYSHORE BLVD, STE. 650  
TAMPA, FL 33606**FEI Number:** 46-3099001**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRATZ, MICHAEL E  
601 BAYSHORE BLVD, STE. 650  
TAMPA, FL 33606 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	MGR
Name	FUNK, CHARLES B
Address	601 BAYSHORE BLVD, STE. 650
City-State-Zip:	TAMPA FL 33606

Title	MGR
Name	MEEHAN, JEFFREY B
Address	601 BAYSHORE BLVD, STE. 650
City-State-Zip:	TAMPA FL 33606

Title	MGR
Name	GRATZ, MICHAEL E
Address	601 BAYSHORE BLVD, STE. 650
City-State-Zip:	TAMPA FL 33606

Title	MGR
Name	FUNK, BRIAN B
Address	601 BAYSHORE BLVD, STE. 650
City-State-Zip:	TAMPA FL 33606

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL E GRATZ****MANAGER****02/03/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date