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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.*

1. ID No.	2. Exact name of the limited liability company
126573	COVENTRY LODGING ASSOCIATES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
NEW YORK	HOTEL

5. Principal office address	City	State	Zip
8441 COOPER CREEK BOULEVARD	UNIVERSITY PARK	FL	34201

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
PAUL A. SPEAKER	TAX DIRECTOR

Street Address	City	State	Zip
8441 COOPER CREEK BOULEVARD	UNIVERSITY PARK	FL	34201

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
DAVID H BALDAUF	8441 COOPER CREEK BOULEVARD	UNIVERSITY PARK	FL	34201

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

LAA 10/27/2008
Signature of Authorized Person *Date*

DAVID H BALDAUF, MANAGER
Print or Type Name of Authorized Person

7008 1140 0004 2338 4884

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Form 632 Rev. 08/08

File Date	FILED
Check No.	OCT 31 2008
By:	By 246998

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