


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000615
 1. Entry Name
 SSM HOSPITALITY, LLC



Principal Place of Business: 1026 APALACHEE PARKWAY, TALLAHASSEE, FL 32301
 Mailing Address: 1026 APALACHEE PARKWAY, TALLAHASSEE, FL 32301

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03292004 No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 59-3513496 Applied For / Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 PATEL, SUDHIR
 1026 APALACHEE PARKWAY
 TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SUDHIR 1026 APALACHEE PARKWAY TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASTER, THAKOR 251 NORTH OATES STREET DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SAILESH 13212 WHITE CEDAR COURT ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/15/04-80061-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Sudhir M. Patel SUDHIR M. PATEL 04/14/04 850 224 3200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #