


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000000615 1. Entity Name SSM HOSPITALITY, LLC	
---	---

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

DO NOT WRITE IN THIS SPACE



04132008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3513496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, SUDHIR
1026 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

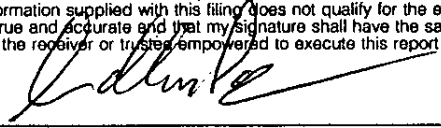
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000898577
04/28/08-80002-013 138.75

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	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Date: 04/12/08 Daytime Phone #: 850 224 3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #