


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #** 007000008923

1. Entity Name Avanti Hospitality Inv II LLC



**FILED**

08 JUL 15 PM 2: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3080 Walden Rd  
Tallahassee, FL 32317

Mailing Address 3080 Walden Rd  
Tallahassee, FL 32317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address Same as above

Suite, Apt. #, etc. above

City & State

Zip Country

Chg-P CR2E034 (12/06)

4. FEI Number 20870487 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAVI VEMURI  
3080 Walden Rd  
Tallahassee, FL 32317

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P RAVI VEMURI</u> <input type="checkbox"/> Delete <u>2463 BLFINWING LN</u> <u>Tallahassee FL 32308</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V VISWANATHAN DAT</u> <input type="checkbox"/> Delete <u>113 Broadway</u> <u>New York, NY 10104</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>B 7/15/08</u> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>700133268097</u> <u>07/22/08--01014--004</u> <b>**150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and 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 receiver or trustee empowered to execute this report as required by Chapter 607, 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: Ravi Vemuri Date 7/15/08 Daytime Phone # 850-322-3319