


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000000712 1. Entity Name FLORIDA LODGING MANAGEMENT, LLC	
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Principal Place of Business 10945 WEST COLONIAL DRIVE OCFEE, FL 34761	Mailing Address 10945 WEST COLONIAL DRIVE OCFEE, FL 34761
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DO NOT WRITE IN THIS SPACE



01172007No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3621462	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 KRISAN, JEFF 321 WEST 9TH ST MOUNT DORA, FL 32757	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000604439
01/29/07-80052-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRISAN, JEFF 321 WEST 9TH ST. MT. DORA, FL 32757
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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: Jeff Krisan **JEFF KRISAN** 1-17-07 407-656-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #