2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# L00000002510

Entity Name: REPOSE HOSPITALITY, LLC

Current Principal Place of Business:

155 SW PEACOCK BLVD
PORT ST LUICIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

HAMPTON INN & SUITES
155 SW PEACOCK BLVD
PORT SAINT LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-0986968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, DHIRENDRA N
155 SW PEACOCK BLVD
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: PATEL, DHIRENDRA N
Address: 155 SW PEACOCK BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: MGRM ( ) Delete
Name: PATEL, BALVANTRAI G
Address: 155 N POKEBERRY PL
City-St-Zip: JACKSONVILLE, F3 32259

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: PATEL, BALVANTRAI G
Address: 11101-1 ST. AUGUSTINE RD, #192
City-St-Zip: JACKSONVILLE, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BALVANT PATEL MGRM 04/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date