

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000002510**

1. Entity Name  
REPOSE HOSPITALITY, LLC



Principal Place of Business  
155 SW PEACOCK BLVD  
PORT ST LUCIE, FL 34986

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



04042006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0986968

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

6. 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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	PATEL, DHIRENDRA N
STREET ADDRESS	155 SW PEACOCK BLVD
CITY-ST-ZIP	PORT ST LUCIE, FL 34986
TITLE	MGRM
NAME	PATEL, BALVANTRAI G
STREET ADDRESS	11101-1 ST. AUGUSTINE RD, #192
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000500486  
04/25/06-80023-020 50.00

**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:**

BALVANTRAI PATEL

Date

Daytime Phone #

4/3/06 9042309119