

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004821

Entity Name: KUNAL HOTELS, L.L.C.

FILED  
Mar 27, 2007  
Secretary of State

**Current Principal Place of Business:**

3720 SW COLLAGE RD.  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

2100 S.E. 73RD LOOP  
OCALA, FL 34480 US

**New Mailing Address:**

FEI Number: 59-3642358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAEKWAD, DIGVIJAY  
2100 S.E. 73RD LOOP  
OCALA, FL 34480 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: REDDY, KUCHAKULLA N  
Address: 7399 S.E. 12TH CIRCLE  
City-St-Zip: Ocala, FL 34480

Title: MGRM ( ) Delete  
Name: GAEKWAD, DIGVIJAY  
Address: 2100 S.E. 73RD LOOP  
City-St-Zip: Ocala, FL 34480

Title: MGRM ( ) Delete  
Name: VASUDEVAN, RAM  
Address: 3510 S.W. 24TH AVENUE ROAD  
City-St-Zip: Ocala, FL 34474

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DIGVIJAY GAEKWAD

MGRM

03/27/2007

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