## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L00000011371

1. Entity Name

SURYA HOTELS L.L.C.



## **FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90120 023 \*\*\*\*50.00

Maining Address of Business  200 MIRRAMINIONAL SPECINNY BLVD. DITTORA BENCH T 2014  2. Principal Place of Business  Suite. Apt. # ofc.  City & State  Name  PATE, DLIP M  3809 WEST CLEVELAND ST. #124  TAMPA FL 33090  Name Check Polyabile to Fortial Department of the Purpose of changing its registered direct or registered agent, or both, in the State of Floods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Floods. I am familiar with, and accept the obligations of registered of principal partment of the purpose of changing its registered agent or registered agent, or both, in the State of Floods. I am familiar with, and accept the obligations of registered of principal partment of State  Due By May 1, 2003  Make Check Polyabile to Floods Department of State  Due By May 1, 2003  Make Check Polyabile to Floods Department of State  Due By May 1, 2003  Make Check Polyabile to Floods Department of State  Due By May 1, 2003  Make Check Polyabile to Floods Department of State  Due By May 1, 2003  Make Check Polyabile to Floods Department of State  Due By May 1, 2003  Make Check Polyabile to Floods Department of State  Due By May 1, 2003  Make Check Polyabile to Floods Department of State  Due By May 1, 2003  Make Check Polyabile to Floods Department of State  Due By May 1, 2			na A.		- VI	/.  <i>.</i>				
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Suite, Apt. 4, etc.  City & State  City & State  City & State  Country  Cou					BLVD.		Ani: Ani: Arista Arista (Anista Arista		, Bi 11885 Hilbi I	188 <b>6</b> 1 11 <b>5</b> 2 1881
City & State  City & State  City & State  Country  Countr	2. Principal Pl	ace of Business	3. Mailing Address		******					
Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
Street Address (PO Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its registered agent of registered agent or dependence agent and the facilitation of the purpose of changing its registered agent agent and the facilitation of the purpose of changing its registered agent agent agent and the facilitation of the purpose of changing its registered agent agent agent and the facilitation of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the facilitation.  SIGNATURE    Description	City & State		City & State			4. FEI Num	ber <b>59-367134</b>	7	<u> </u>	<del></del>
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STORET ADDRESS ONLY STAPP A L 33609  STORET ADDRESS A L 3609  STORET ADDRESS A L 3609  City City FL Zip Code  City FL Zip Code  City City City City City City City City	<b></b>				Name					
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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF