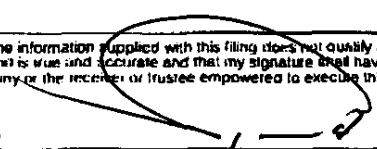


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90028 004 ****50.00

DOCUMENT # L00000012254														
1. Entity Name DAVID'S HOSPITALITY, LLC														
Principal Place of Business HOTEL RIO BEACH 843 S. ATLANTIC AVE. DAYTONA BEACH, FL 32118		Mailing Address 400 E COLONIAL DRIVE UNIT #1405 ORLANDO, FL 32803 US												
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent SEGEV, ALBERT 220 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176		DO NOT WRITE IN THIS SPACE												
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____														
Filing Fee is \$50.00 Due by May 1, 2004														
B. MANAGING MEMBERS/MANAGERS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>MGRM SEGEV, ALBERT 400 E. COLONIAL DR. #1405 1404 ORLANDO, FL 32803</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEGEV, ALBERT 400 E. COLONIAL DR. #1405 1404 ORLANDO, FL 32803	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE														
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 113.07(3)(i), 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 member or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. SIGNATURE:  _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE. Date <u>4/26/04</u> 407-383-4590														



04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1051144Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required