


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90059 026 ****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 #1403 ORLANDO FL 32803 US		
2. Principal Place of Business 400 E. Colonial Dr. #1404			3. Mailing Address as above		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Orlando FL			City & State		
Zip 32803		Country US		4. FEI Number 65-1051144	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGEV, ALBERT 220 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176 400 E. Colonial Dr. #1404 Orlando FL 32803				7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEGEV, ALBERT 400 E. COLONIAL DR #1403 1404 ORLANDO FL 32803	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 1/21/05 407-383-4590 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					