


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90025 016 ****55.00

DOCUMENT # L00000014436

1. Entity Name
DC HOSPITALITY LLC



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Principal Place of Business
**12101 CHALLENGER PKWY.
 ORLANDO, FL 32826**

Mailing Address
**7 COVE VIEW CT.
 COCOA BEACH, FL 32931**

2. Principal Place of Business - No P.O. Box #
7 COVE VIEW CT.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
COCOA BEACH, FL

City & State

Zip
32931

Country
BREVARD

03262007 Chg-LLC CR2E083 (12/06)

8. Name and Address of Current Registered Agent

**JOHN GAL
 7 COVE VIEW CT.
 COCOA BEACH, FL 32931**

4. FEI Number
59-3687627

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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 *John S. Gal* **MANAGER - JOHN S. GAL** DATE **4/1/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAL, JOHN 7 COVE VIEW CT. COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John S. Gal* **JOHN S. GAL** DATE **4/1/07** Daytime Phone # **321-783-4343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE