

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90186 011 *****55.00

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DOCUMENT # L00000014436

1. Entity Name
DC HOSPITALITY LLC



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

Mailing Address: **12101 CHALLENGER PKWY. ORLANDO FL 32826**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: **5500 OCEAN BEACH BLVD.**


Suite, Apt. #, etc.

City & State: **COCOA BEACH, FL**

City & State: **COCOA BEACH, FL**

Zip: **32931** Country:

Zip: **32931** Country:



CHECK HERE IF MAKING CHANGES

4. FEI Number: **59-3687627** Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

MARKEY & FOWLER, P.A.
410 W. MERRITT AVE.
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name: **JOHN S. GAL**

Street Address (P.O. Box Number is Not Acceptable): **5500 OCEAN BEACH BLVD.**

City: **COCOA BEACH FL** Zip Code: **32931**

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* **JOHN S. GAL MGR.** DATE: **4/15/03**

Signature, typed or printed name of registered agent and title if applicable. (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, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR	<input type="checkbox"/> Delete
NAME: GAL, JOHN	
STREET ADDRESS: 12101 CHALLENGER PKWY	
CITY-ST-ZIP: ORLANDO FL 32826	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

10. ADDITIONS/CHANGES	
TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS: 5500 OCEAN BEACH BLVD.	
CITY-ST-ZIP: COCOA BEACH, FL 32931	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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: *John S. Gal* **JOHN S. GAL** DATE: **4/15/03** DAYTIME PHONE #: **321-784-4343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #

CR2E083 (10/02)