



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000001896</b> 1. Entity Name TOPAZ HOSPITALITY, L.L.C.		
Principal Place of Business 5119 SUFFOLK DRIVE BOCA RATON, FL 33496	Mailing Address 5119 SUFFOLK DRIVE BOCA RATON, FL 33496	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  JOSHI, JAY 5119 SUFFOLK DRIVE BOCA RATON, FL 33496		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		DATE 04/28/06-80058-025 50.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOSHI, JAY 5119 SUFFOLK DRIVE BOCA RATON, FL 33496	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 4/28/06 Daytime Phone # 404-320-4388



04202006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-1079554

Applied For  
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required