

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90126 040 ****55.00

DOCUMENT # L01000007325

1. Entity Name

SOUTHERN HOTELS MANAGEMENT, L.L.C.

Principal Place of Business

Mailing Address

**4506 CRICHTON LANE
 ORLANDO FL 32803**

**4506 CRICHTON LANE
 ORLANDO FL 32803**

2. Principal Place of Business

4506 CRICHTON LANE

3. Mailing Address

4506 CRICHTON LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3733089

Applied For

Not Applicable

Zip

32806-7240

Country

USA

Zip

32806-7240

Country

USA

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, PATRICK ESQ
 200 N THORNTON AVE
 ORLANDO FL 32801**

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

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 Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PATEL, ASHOK M
 4506 CRICHTON LANE
 ORLANDO FL 32803** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PATEL, ASHOK M
 4506 CRICHTON LANE
 ORLANDO FL 32806-7240** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PATEL, DEVYANI A
 4506 CRICHTON LANE
 ORLANDO FL 32803** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 PATEL, DEVYANI A
 4506 CRICHTON LANE
 ORLANDO FL 32806-7240** ☒ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

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☐ Change ☐ 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:

Ashok Patel

8/13/02

407-851 5488

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

Date

Daytime Phone #

CR2E083 (4/02)