

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90290 003 ****50.00

DOCUMENT # L01000007325

1. Entity Name

SOUTHERN HOTELS MANAGEMENT, L.L.C.



Principal Place of Business

4506 CRICHTON LANE
ORLANDO FL 32803

Mailing Address

4506 CRICHTON LANE
ORLANDO FL 32803

2. Principal Place of Business

9347 WESTOVER CLUB CIR.

3. Mailing Address

9347 WESTOVER CLUB CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERMERE FL

City & State

WINDERMERE FL

Zip

34786-6231

Country

USA

Zip

34786-6231

Country

U.S.A

14023839



MOORE

CR2E083 (11/03)

4. FEI Number

59-3733089

Applied For

Not Applicable

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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

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

TITLE MGRM ☐ Delete
NAME PATEL, DEVIYANI A
STREET ADDRESS 4506 CRICHTON LANE
CITY-ST-ZIP ORLANDO FL 32806-7240

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Ashok Patel

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

6-9-04

Date

407-4459140

Daytime Phone #