## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L01000017640

1. Entity Name

MJ HOTELS OF HADDAM, LLC

Principal Place of Business

Mailing Address

1601 BELVEDERE ROAD

SUITE 407

WEST PALM BEACH, FL 33406 US

1601 BELVEDERE ROAD SUITE 407

WEST PALM BEACH, FL 33406

US

### FILED Mar 06, 2004 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number		Applied For
65-1143006		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

Fee Required

Davime Phone #

6. Name and Address of Current Registered Agent

MEYER, WILLIAM A 1601 BELVEDERE ROAD SUITE 407 WEST PALM BEACH, FL 33406

SIGNATURE:

SIGNATURE AND T

# DO NOT WRITE IN THIS SPACE

William A. Meyer March 1,2004 561-689-6602

	enamed entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce	pt
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agont signature required when registrating)  DATE	्र १ कर १ <b>५</b>
Fi D	iling Fee is \$50.00 ue by May 1, 2004		<u>r.</u>
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEYER, WILLIAM A 1601 BELEVEDERE RD. STE 407 WEST PALM BEACH, FL 33406		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U0:0000178988 03/08/04-80046-025 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filling does not of on this report is true and accorate and that my signature shiplify company or the receiver of myster employed to exercise	ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under cath; that I am a managing member or manager of the tuge this report as required by Chapter 608, Florida Statutes.	

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE