2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 11, 2005 08:00 AM Secretary of State

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1. Entity Name MJ HOTELS OF HADDAM, LLC



Principal Place of Business

1601 BELVEDERE ROAD

SUITE 407 SO. WEST PALM BEACH, FL 33406 Mailing Address

1601 BELVEDERE ROAD SUITE 407 So. WEST PALM BEACH, FL 33406



DO NOT WRITE IN THIS SPACE

01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <u>65-114</u>3006

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 little if applicable. "(NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGRM TITLE MEYER, WILLIAM A NAME UN00000299951 1601 BELEVEDERE RD. STE 407 So. STREET ADDRESS 04/11/05-80129-020 50.00 WEST PALM BEACH, FL 33406 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes (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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR P

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #