2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (URB)

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

		E33 NEPUN	10	Dn,			
DOCUMENT # L0200000924 1. Entity Name					SECRETARY OF STATE DIVISION OF CORPORATION	DHS	
YORKSHIRE HOSPITALITY MANAGEMENT GROUP, L.L.C.					03 OCT 27 AM 10: 44		
Principal Place of Business Mailing Address					T	N(1/03	
DISS BALMORAL MEWS SQUARE WINDERMERE FL 34786		C/O EDWARDS. VALDEZ & ELLIS. L.L.C. 1302 EAST ROBINSON STREET ORLANDO FL 32801-2178					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number	├*	plied For t Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Curren	t Hegistered Agent	Name As. I	7. Name and Address of New	Registered Agent		
EDWARDS, MONIQUE M ESQ. C/O EDWARDS, VALDEZ & ELLIS, L.L.C.				<u> </u>	(P.O. Box Number is Not Acceptate	ole)	
	2 EAST ROBINSON STREET ANDO FL 32801-2178		-	9168 1	Balmoral Mews	Square	
				City W)in	derneve	FL Zio Code	86
The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. SIGNATURE SIGNATURE				office or registe	ered agent, or both, in the State of F	ilorida. I am familiar with, a	and accept
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agent signature require	ed when reinstating)	DATE	
		FILE NO Make Check Payabl Due By	OW!!! F e to Flo Septem	EE IS \$50.00 rida Departmo ber 24, 2003	0000241 ent of filipite 1/0301120-	79130 · 013 **50.00	n 1 4
9.	MANAGING MEMB	ERS/MANAGERS	10.		ADDITION	S/CHANGES	
TITLE	MGRM	☐ Delete	TITLE			☐ Change	Addition
name Street address City-St-Zip	9100 DALMOTAL METIS SCOALE			ADDRESS IT-ZIP			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME Street Address City-St-Zip	·		NAME STREET CITY-S	ADDRESS			
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	AÓDRÉSS T-ZIP		~ <u>~~~</u>	-
ritle Name		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		STREET CITY-S	ADDRESS T-ZIP		 -	
TITLE NAME		Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		·	•	ADDRESS			
ITLE (☐ Delete	TITLE			☐ Change	Addition
TREET ADDRESS			NAME STREET CITY-S	address 1-zip			
maicatea c	ertify that the information supplied with on this report is true and accurate and oility company or the receiver or treater	i idartov signatura snali nava ti	ne came i	anal offort Sec if r	made under eath: that I am a more	. I further certify that the infuging member or manager	ormation of the
SIGNATURE: 10/21/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Destrict Phone #							

Y orkshire
H ospitality
M anagement
LLC

October 21, 2003

To Whom It May Concern:

adriene Nabbie

The 2003 UBR for Yorkshire Hospitality Mgmt, LLC was not received because the registered agent for last year relocated to a different state. A new agent has been added and the renewal check is enclosed.

Sincerely,

Adriene Nabbie

DIVISION OF CORPORATION

OR OCT 27 AM 10: 44