


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 01, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90067 050 \*\*\*\*50.00


<b>DOCUMENT # L02000004897</b> 1. Entity Name <b>FLORIDA LODGING DEVELOPMENT LLC</b>					
Principal Place of Business <b>10945 WEST COLONIAL DRIVE OCOE, FL 34761</b>			Mailing Address <b>10945 WEST COLONIAL DRIVE OCOE, FL 34761</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03232003    Chg-LLC    CR2E083 (10/03)	
4. FEI Number <b>75-2988509</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>KRISAN, JEFF 10945 WEST COLONIAL DRIVE OCOE, FL 34761</b>			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KRISAN, JEFF 10945 WEST COLONIAL DRIVE OCOE, FL 34761</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KIMBERLY K KRISAN 321 9TH STREET MT DORA FL 32757</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Kimberly K Krisan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<i>5/28/04</i> <small>Date</small>		<i>407 905-4538</i> <small>Daytime Phone #</small>

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/29/2004-90067-050-\$50.00-\$50.00

## Attachment

34007964

DOCUMENT # <b>L02000004897</b>			
1. Entity Name <b>FLORIDA LODGING DEVELOPMENT LLC</b>			
Principal Place of Business <b>10945 WEST COLONIAL DRIVE OCFEE, FL 34761</b>		Mailing Address <b>10945 WEST COLONIAL DRIVE OCFEE, FL 34761</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04262004 Cng-LLC CR2E083 (10/03)		4. FEI Number <b>75-2988509</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name <b>KRISAN, JEFF</b>		Name	
Street Address (P.O. Box Number is Not Acceptable) <b>10945 WEST COLONIAL DRIVE OCFEE, FL 34761</b>		Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b>		City	
Zip Code		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 _____ (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRISAN, JEFF 10945 WEST COLONIAL DRIVE OCFEE, FL 34761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEMBER PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KIMBERLY KRISAN 321 9TH AVE MT DORA FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER VICE-PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7318 FOREST WOOD CT ORLANDO FL 32636
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CYNTHIA BAUR F133447 2001 SW 14TH CT DEERFIELD BEACH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Kimberly Krisan</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date _____ Daytime Phone _____			

SEE  
ATTACHED

# Attachment



## FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**

Secretary of State

May 4, 2004

**FLORIDA LODGING DEVELOPMENT LLC**  
10945 WEST COLONIAL DRIVE  
OCOE, FL 34761

Subject: **FLORIDA LODGING DEVELOPMENT LLC**

Reference Number: **L02000004897**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each manager, managing member or principal listed on the report or on an attachment.

*see attached*

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cc

ANNUAL REPORTS SECTION