

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90360 021 \*\*\*\*50.00

**DOCUMENT # L02000008413**

1. Entity Name  
**HOSPITALITY RESERVATIONS, L.C.**



Principal Place of Business      Mailing Address  
**520 BRICKELL KEY DRIVE, SUITE 205**      **520 BRICKELL KEY DRIVE, SUITE 205**  
**MIAMI FL 33131**      **MIAMI FL 33131**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E083 (11/03)

**8. Name and Address of Current Registered Agent**

**JACHTCHMENCO, DANIEL**  
**520 BRICKELL KEY DR**  
**STE 206**  
**MIAMI FL 33131**

4. FEI Number      Applied For  
**01-0683483**      Not Applicable

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

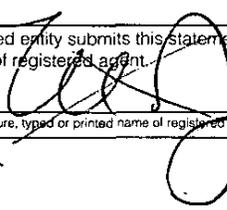
**7. Name and Address of New Registered Agent**

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

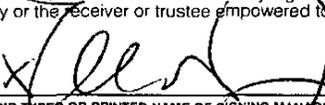
**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	DAJER, MARTHA	615 BRICKELL KEY DR	MIAMI FL 33131	<input type="checkbox"/>
MGR	JACHTCHENCO, DANIEL	520 BRICKELL KEY DR	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **MARTHA DAJER**      Date: **4/19/04**      Daytime Phone #: **(305) 372-9482**

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