


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000008413 1. Entity Name HOSPITALITY RESERVATIONS, L.C.	
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Principal Place of Business 520 BRICKELL KEY DRIVE, SUITE 205 MIAMI, FL 33131	Mailing Address 520 BRICKELL KEY DRIVE, SUITE 205 MIAMI, FL 33131
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04282005No Chg-LLC

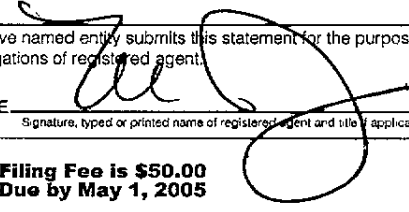
CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0683483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAJER, MARTHA 635 BRICKELL KEY DR. MIAMI, FL 33131

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IN THIS SPACE**

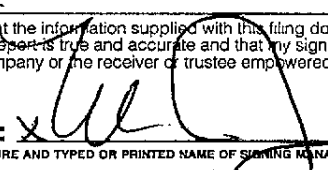
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAJER, MARTHA 615 BRICKELL KEY DR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACHTCHENCO, DANIEL 520 BRICKELL KEY DR MIAMI, FL 33131
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05/04/05-80026-014 50.00

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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:  M. DAJER 4/28/05 (305) 310-0974 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>