

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90454 046 ****50.00

DOCUMENT # L02000011676

1. Entity Name
BROOKLYN HOTEL LLC



Principal Place of Business
**227 FIRST STREET, SUITE 6
MIAMI BEACH, FL 33139**

Mailing Address
**227 FIRST STREET, SUITE 6
MIAMI BEACH, FL 33139**



04122004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0689581

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STONE, ADELE I ESQUIRE
C/O ATKINSON DINER STONE MANKUTA & PLOUCHA
1946 TYLER STREET
HOLLYWOOD, FL 33020**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DUCOTE, CHAPMAN
STREET ADDRESS	1415 SUNSET HARBOR DR
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	MGRM
NAME	DUCOTE, WAYNE
STREET ADDRESS	601 POYDRAS STREET
CITY-ST-ZIP	NEW ORLEANS, LA 70130
TITLE	MGR
NAME	NEVIN, KRISTIN
STREET ADDRESS	1415 SUNSET HARBOR DRIVE
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	CFO
NAME	MOLANOE H. BERNARD
STREET ADDRESS	601 POYDRAS ST SUITE 2011
CITY-ST-ZIP	NO LA 70130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

4/14/04

504-525-9017

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000661

Entity Name: CAPITOL CITY TRAVEL CENTER, INC.

FILED
Apr 12, 2004
Secretary of State

Attachment

24049904

#L0100000057

Current Principal Place of Business:

2716 GAMBLE ROAD
MONTICELLO, FL 32344

New Principal Place of Business:

Current Mailing Address:

P O BOX 15153
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3689584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUNDRA, ARUN
2716 GAMBLE ROAD
MONTICELLO, FL 32344 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KUNDRA, ARUN K
Address: 732 SUMMER BROOKE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: KUNDRA, MANJU
Address: 732 SUMMER BROOKE DR
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition
Name: KUNDRA, ARUN
Address: 2716 Gamble Road
City-St-Zip: Monticello FL 32344

Title: (X) Change () Addition
Name: KUNDRA, MANJU
Address: 2716 Gamble Road
City-St-Zip: Monticello FL 32344

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARUN KUNDRA

PRES

04/12/2004

Electronic Signature of Signing Officer or Director

Date