

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015225

FILED
Mar 31, 2004
Secretary of State

Entity Name: HOSPITALITY FINANCIAL SERVICES L.L.C.

Current Principal Place of Business:

1140 S.W. 19TH ST.
BOCA RATON, FL 334866712

New Principal Place of Business:

Current Mailing Address:

1140 S.W. 19TH ST.
BOCA RATON, FL 334866712

New Mailing Address:

FEI Number: 65-1150028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERNST, JOHN W
1140 S.W. 19TH ST.
BOCA RATON, FL 334866712

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

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: ERNST, JOHN W
Address: 1140 SW 19TH STREET
City-St-Zip: BOCA RATON, FL 334866712

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ERNST, JOHN W
Address: 1140 SW 19TH STREET
City-St-Zip: BOCA RATON, FL 334866712

Title: MGR () Change (X) Addition
Name: PRESENTATIONS,
Address: 1140 S.W 19TH ST
City-St-Zip: BOCA RATON, FL 33486-671 US

Title: MGR () Change (X) Addition
Name: BELLA ARTE
Address: 1140 S.W.19TH ST
City-St-Zip: BOCA RATON, FL 33486-671 US

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 is true and accurate and that my electronic 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: JOHN W.ERNST

MGR

03/31/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date