


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000015355</b>		
1. Entity Name S. & G. HOTEL MANAGEMENT, LLC		
Principal Place of Business 7900 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32809	Mailing Address 7900 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32809	



01202005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3691229	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**

WRIGHT, GREG  
4401 VINELAND ROAD STE A-16  
ORLANDO, FL 32811

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IODICE, SAL 7900 S. ORANGE BLOSSOM TR. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WRIGHT, GREG 4401 VINELAND ROAD STE A-16 ORLANDO, FL 32811
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000000214026  
02/03/05-80095-006 \$0.00

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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:**  Greg Wright 1/25/05 407-839-2001

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

Date

Daytime Phone #