


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90063 021 ****50.00

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| DOCUMENT # L02000022306 |  |
| 1. Entity Name OKEECHOBEE HOTEL HOLDINGS, LLC | |

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| Principal Place of Business C/O 412 N. HALIFAX AVE DAYTONA BEACH, FL 32118 | Mailing Address C/O 412 N. HALIFAX AVE DAYTONA BEACH, FL 32118 |
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20023456

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| 2. Principal Place of Business 1881 PALM BAY RD NE | 3. Mailing Address 1881 PALM BAY RD NE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------------------|-------------------------------------|
| City & State PALM BAY, FL | City & State PALM BAY, FL |
| Zip 32905 | Zip 32905 |
| Country | Country |



01102006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 27-0029208 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HANCZARUK, BOGGIE C/O 412 N. HALIFAX AVE DAYTONA BEACH, FL 32118 | 7. Name and Address of New Registered Agent Name HANCZARUK, BOGGIE Street Address (P.O. Box Number is Not Acceptable) 1881 PALM BAY RD NE City PALM BAY FL Zip Code 32905 |
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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 _____

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HANCZARUK, BOGGIE C/O 412 N HALIFAX AVE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HANCZARUK, BOGGIE 1881 PALM BAY RD NE PALM BAY, FL 32905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SARAF, HANIN C/O 412 N HALIFAX AVE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SARAF, HANIN 1881 PALM BAY RD NE PALM BAY, FL 32905 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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| SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | 03/27/06 Date | Daytime Phone # _____ |
|--|-------------------------|-----------------------|