2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

7/31/2003 90046-023 $50.00-$50.00

FILED 03 OCT -1 AM 9:25 SECRETARY OF STATE TALLAHASSEE FLORIDA

MJH

DOCUMENT # L02000029801

1. Entity Name
RANI HOTEL MSB, LLC

Principal Place of Business	Mailing Address
2940 COLLINS AVENUE ORLANDO FL 33140 US	1956 CROSSHAIR CIRCLE ORLANDO FL 32837 US

2. Principal Place of Business	3. Mailing Address
1000 Collins Ave	1000 Collins Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach FL	City & State: Miami Beach FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

10/1

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 43-1989412 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CENTURY SMALL BUSINESS SOLUTIONS 5401 SOUTH KRIKMAN ROAD SUITE 505 ORLANDO FL 32819	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE Member NAME Shalish Thakor STREET ADDRESS 1000 Collins Avenue CITY-ST-ZIP Miami Beach, FL 33139	☑ Delete	TITLE Member NAME Shailesh Thakor STREET ADDRESS 1000 Collins Ave CITY-ST-ZIP Miami Beach FL 33139	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME CBH Holding Corporation STREET ADDRESS 1956 Crosshair Circle CITY-ST-ZIP Orlando, FL 32837	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED 7/10/03 407 438 8927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #