2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013705

Entity Name: MAKK HOTELS, LLC

Name:

Address:

City-St-Zip:

12201 IRON FORGE DR

MIDLOTHIAN, VA 23113

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4944 W. IRLO BRONSON HWY 4944 W. IRLO BRONSON HWY KISSIMMEE., FL 33746 KISSIMMEE., FL 34746 **Current Mailing Address: New Mailing Address:** 4944 W. IRLO BRONSON MEM HWY KISSIMMEE, FL 34746 FEI Number: 33-1051137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, BABU C 4944 W. IRLO BRONSON MEM HWY KISSIMMEE, FL 34746 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: ADDITIONS/CHANGES: Title: () Change () Addition MGR () Delete PATEL, BABU C Name: Name: 4944 W. IRLO BRONSON HWY Address: Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PATEL, SANJAY Name: Name: Address: 1398 BEACON CIRCLE Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PATEL, SUMIT Name: Name: Address: 1348 BEACON CIRCLE Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PATEL, SUKETU Name: Address: 1276 BEACON CIRCLE Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PATEL, RAMILA Name: Name: 12201 IRON FORGE DR Address: Address: City-St-Zip: MIDLOTHIAN, VA 23113 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PATEL. DINESH

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BABU C. PATEL 04/28/2005