

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90364 001 ****50.00

DOCUMENT # L03000018979

1. Entity Name
HOSPITALITY VENTURES DMCY, LLC



Principal Place of Business
300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW, FL 32746

Mailing Address
300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW, FL 32746

14014300



01052005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2373208

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELBY, C. THOMAS
300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW, FL 32746

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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
THE PHOENIX GROUP, LLC
7550 NW 75 DRIVE
PARKLAND, FL 33067

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TKS HOSPITALITY, LLC
300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW, FL 32746

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

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

Date

Daytime Phone #

C. Thomas Selby 42505 407-333-1604