## 2006 LIMITED LIABILITY COMPANY

SIGNATURE:

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

## Feb 24, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # L03000018979** 02-24-2006 90242 045 \*\*\*\*50.00 HOSPITALITY VENTURES DMCY, LLC Principal Place of Business Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 130 300 INTERNATIONAL PARKWAY, SUITE 130 20010156 HEATHROW, FL 32746 HEATHROW, FL 32746 2. Principal Place of Business 3. Mailing Address 300 International Pkwy 300 International Pkwy Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-LLC CR2E083 (11/05) Suite 300 Suite 300 City & State City & State 4. FEI Number Applied For Heathrow, FL Heathrow, FL 56-2373208 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired П 32746 USA 32746 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Selby, C. Thomas SELBY, C. THOMAS Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746 32746 8. The above named entity submits this statemen nging its registered offic e of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 20106 SIGNATURE Signature, typed or printed name of registered agent and title if applied (NOTE, Register Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Change Addition ☐ Delete THE PHOENIX GROUP, LLC NAME NAME 7550 NW 75 DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 CITY-ST-ZIP MGRM ☐ Oelete TITLE ☐ Change Addition TITLE TKS HOSPITALITY, LLC TKS Hospitality, LLC NAME NAME 300 INTERNATIONAL PARKWAY, SUITE 130 STREET ADDRESS STREET ADDRESS 300 International Pkwy Suite 300 HEATHROW, FL 32746 CITY-ST-ZIP CITY-ST-ZIF Heathrow, FL. 32746 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions centalined 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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