2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L03000018979



FILED Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90039 026 ****50.00

1. Entity Nam HOSPITA		NTURES DMCY, LI	LC								
Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746			Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746				i ssiet itset ist	(B 1811) 1811 1811	881 mi 1881		
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03012007	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State			4. FEI Number 56-237		<u> </u>	Not	plied For Applicable		
Zip	Country		Zip Country			5. Certificate of Status Desired 55.00 Additional Fee Required					
6. Name and Address of Current F			Registered Agent		7. Name and Address of New Registered Agent						
				ļ	Name						
CHRISTY, KATHERINE A 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746					Street Address (P.O. Box Number is Not Acceptable)						
i									,		
					City	FL Zip Code					
	named entity ions of regist		r the purpose of changing its	registered	office or registe	ered agent, or bo	th, in the State of Fk	orida. I am I	familiar with,	and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE	: Registered A	gent signature requir	red when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2007											
Fi Di	iling Fee i ue by Ma	is \$50.00 y 1, 2007						ke check p a Departm	ayable to ent of State	9	
Di	iling Fee i ue by May	is \$50.00 y 1, 2007	RS/MANAGERS	10.				a Departm	ent of State	9	
9.	MGR	y 1, 2007	RS/MANAGERS	10.	MG	:DM	Florid	a Departm	ent of State	Addition	
9.	ue by May	y 1, 2007 MANAGING MEMBE		_	I	RM	Florid	a Departm	ent of State		
9. TITLE NAME STREET ADDRESS	MGR MARGO, 7550 NW	MANAGING MEMBEI NEAL 75 DRIVE		TITLE NAME STREET	ADDRESS Ph	oenix G	Florid ADDITIONS roup, L.1	a Departm	ent of State		
9. TITLE NAME	MGR MARGO, 7550 NW	y 1, 2007 MANAGING MEMBEI NEAL		TITLE NAME	ADDRESS 75	oenix G	Florid ADDITIONS roup, L.1 5 Drive	A Departm	ent of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGR MARGO, 7550 NW PARKLAN	MANAGING MEMBE NEAL 75 DRIVE ND, FL 33067		TITLE NAME STREET CITY-ST	ADDRESS 75	oenix G 50 NW 7 rkland, RM	ADDITIONS roup, L.1 5 Drive FL 3306	A Departm	ent of State	Addition	
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9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARGO, 7550 NW PARKLAN MGR CHRISTY 300 INTE	MANAGING MEMBE NEAL 75 DRIVE ND, FL 33067	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST	ADDRESS Ph 75 Pa MG TK ADDRESS 30	oenix G 50 NW 7 rkland, RM S Hospi 0 Inter	ADDITIONS roup, L.1 5 Drive FL 3306	A Departm /CHANGES L.C. 7 L.L.C. Pkwy	Change Change Change	Addition Addition	
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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 acceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.