## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000018979

Entity Name

HOSPITALITY VENTURES DMCY, LLC



FILED Mar 18, 2008 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746

300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746



01082008 No Chg-LLC

CR2E083 (12/07)

| 4. FEI Number                    |  | Applied For    |
|----------------------------------|--|----------------|
| 56-2373208                       |  | Not Applicable |
| 5. Certificate of Status Desired |  | Additional     |

6. Name and Address of Current Registered Agent

CHRISTY, KATHERINE A 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746

## DO NOT WRITE IN THIS SPACE

|                                       | named entity submits this statement for the purpose of chan<br>tions of registered agent. | nging its registere | ed office or registered agent, or both       | n, in the State of Florida. I am familiar with, and accept |
|---------------------------------------|---|---------------------|--|--|
| SIGNATURE.                            | Signature, typed or printed name of registered agent and title if applicable.             | (NOTE, Registered   | d Agent signature required when reinstating) | DATE   |
|                                       | NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                                  |                     |  |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS   |                     |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>PHOENIX GROUP, LLC<br>7550 NW 75 DRIVE<br>PARKLAND, FL 33067                       |                     |  | •  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TKS HOSPITALITY , LLC 300 INTERNATIONAL PKWY STE 300 HEATHROW, FL 32746               |                     |  | U00000862952<br>04/03/08-80073-017 138.75                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |                     | DO   | NOT WRITE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   |                     | IN T   | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP |   |                     |  |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

isty J

Daytime Phone #