


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90193 029 ****50.00

DOCUMENT # L03000019887	
1. Entity Name FLORIDA HOSPITALITIES 2003, LLC	

Principal Place of Business 2140 NE 17TH TERRACE WILTON MANORS, FL 33305	Mailing Address 2140 NE 17TH TERRACE WILTON MANORS, FL 33305
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
02022004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 030520100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
FLIK, MICHAEL 2140 NE 17TH TERRACE WILTON MANORS, FL 33305	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLIK, MICHAEL 2140 NE 17TH TERRACE WILTON MANORS, FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Michael Flik</i>	02/07/04 954-684-9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #