


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000019887</b> 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	
<b>DO NOT WRITE IN THIS SPACE</b>		



01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0520100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FLIK, MICHAEL 2140 NE 17TH TERRACE WILTON MANORS, FL 33305	<b>DO NOT WRITE IN THIS SPACE</b>
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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	MGR FLIK, MICHAEL 2140 NE 17TH TERRACE WILTON MANORS, FL 33305
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**DO NOT WRITE  
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

01/05/05

Date

954 684 9890

Daytime Phone #

Fees 2005 paid on 01/05/05 by check # 1657 = \$50.00 + \$5.00