2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 05, 2007
Secretary of State

DOCUMENT# L03000035751

Entity Name: THE HOSPITALITY MANAGEMENT GROUP LLC

Current Principal Place of Business:

437 SAN FERNANDO DRIVE
PALM SPRINGS, FL 33461

New Principal Place of Business:

Current Mailing Address:

437 SAN FERNANDO DRIVE
PALM SPRINGS, FL 33461

New Mailing Address:

FEI Number: 20-0246410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NICOLETTI, PAUL J
625 N. FLAGER DRIVE
9TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	ELKINS, JEFFREY A	
Address:	437 SAN FERNANDO DRIVE	
City-St-Zip:	PALM SPRINGS, FL 33461	
Title:	MGRM	( ) Delete
Name:	MOON TONG SHING,	
Address:	9920 N. OAK KNOLL CIRCLE	
City-St-Zip:	FORT LAUDERDALE, FL 33324	
Title:	MGRM	( ) Delete
Name:	NICOLETTI, PAUL J	
Address:	946 S. PATRICK CIRCLE	
City-St-Zip:	WEST PALM BEACH, FL 33406	
Title:	MGRM	( ) Delete
Name:	TAM WAH SHING,	
Address:	115 NW 72ND AVENUE	
City-St-Zip:	PLANTATION, FL 33317	
Title:	MGRM	( ) Delete
Name:	ELKINS, BARBARA M	
Address:	4400 HILLCREST DRIVE, APT. #415	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	MGRM	( ) Delete
Name:	YOUNG, DARYL	
Address:	330 SADDLECREEK CIRCLE	
City-St-Zip:	ROSWELL, GA 30076	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY A. ELKINS MM 09/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date