


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90079 010 ****50.00

DOCUMENT # L03000039913	
1. Entity Name OHM JAYRAM HOSPITALITY, LLC	

Principal Place of Business 28596 US 19, NORTH CLEARWATER FL 33761	Mailing Address 28596 US 19, NORTH CLEARWATER FL 33761
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number 16-1686718	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent EKONOMIDES, NICKOLAS C C/O NICKOLAS C. EKONOMIDES, P.A. 791 BAYWAY BOULEVARD CLEARWATER FL 33767

7. Name and Address of New Registered Agent
Name PATEL, RAMESHCHANDRA M.
Street Address (P.O. Box Number is Not Acceptable) 28596 US 19, NORTH
City CLEARWATER, FL Zip Code 33761

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 R. M. Patel **DATE** 4.27.04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004
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9. MANAGING MEMBERS/MANAGERS	
TITLE MMGR	<input type="checkbox"/> Delete
NAME PATEL, RAMESHCHANDRA M.	
STREET ADDRESS 28596 US 19, NORTH	
CITY-ST-ZIP CLEARWATER, FL 33761	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: R. M. Patel **DATE** 4.27.04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE