

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039913

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: OHM JAYRAM HOSPITALITY, LLC

**Current Principal Place of Business:**

28596 US 19, NORTH  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

28596 US 19, NORTH  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 16-1686718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMESHCHANDRA, PATEL M  
28596 US 19 NORTH  
CLEARWATER, FL 33761 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: PATEL, RAMESHCHANDRA M  
Address: 28596 US 19 NORTH  
City-St-Zip: CLEARWATER, FL 33761  
  
Title: MGRM ( ) Delete  
Name: RKD HOSPITALITY GROU, P LLC  
Address: 5723 WEST SHORE DR  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES:**

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: RAMESHCHADRA M PATEL

MGRM

04/26/2007

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