
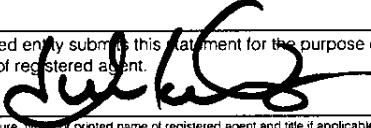
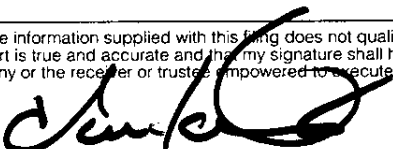


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90001 044 \*\*\*\*55.00

DOCUMENT # L03000041973					
1. Entity Name <b>KOSAR HOSPITALITY, LLC</b>					
Principal Place of Business 2900 EAST OAKLAND PARK BOULEVARD SUITE 200 FORT LAUDERDALE, FL 33306 US			Mailing Address 2900 EAST OAKLAND PARK BOULEVARD SUITE 200 FORT LAUDERDALE, FL 33306 US		
2. Principal Place of Business <b>5960 SW 70th St.</b>		3. Mailing Address <b>5959 SW 71st St.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>South Miami, Fl.</b>		City & State <b>South Miami, Fl.</b>		4. FEI Number <b>20-0349354</b>	
Zip <b>33143</b>		Country <b>USA</b>		Applied For Not Applicable	
Zip <b>33143</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SAUTTER, C. CHRISTIAN ESQ. 2900 EAST OAKLAND PARK BOULEVARD SUITE 200 FORT LAUDERDALE, FL 33306			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  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOSAR, BERNIE J JR. 2900 EAST OAKLAND PARK BOULEVARD, SUITE 20 FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5959 SW 70th St. South Miami, Fl. 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAN, HARRI 2900 EAST OAKLAND PARK BOULEVARD, SUITE 20 FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5959 SW 70th St South Miami, Fl. 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				Date: <b>Aug. 31, 2004</b> Daytime Phone #: <b>305-669-5130</b>	