


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-18-2005 90133 003 ****55.00

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|---|--|---|---|---|--|
| DOCUMENT # L04000006224 1. Entity Name CONTRACT HOSPITALITY SERVICES, L.L.C. | | | |  | |
| Principal Place of Business 1920 SOUTHWEST 24TH TERRACE FT. LAUDERDALE, FL 33312 | | | Mailing Address 1920 SOUTHWEST 24TH TERRACE FT. LAUDERDALE, FL 33312 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 800105356 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BLACKBURN, STEPHEN M 412 NORTHEAST 4TH STREET FORT LAUDERDALE, FL 33301 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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. | | | FL Zip Code | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GAFFIN, JANE B 1920 SOUTHWEST 24TH TERRACE FT. LAUDERDALE, FL 33312 | | 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 | |
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| 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 808, Florida Statutes. | | | | | |
| SIGNATURE: <i>Jane B. Gaffin</i> | | | Date: <i>6 Feb 2005</i> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |