

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000012274

1. Entity Name
HILTON HEAD HOTEL MANAGEMENT, LLC



FILED

06 MAY 16 PM 3:20

Principal Place of Business
2901 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33431 US

Mailing Address
2901 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33431 US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
30800 Northwestern Hwy
Suite, Apt. #, etc.
100

3. Mailing Address
13790 NW 4 St
Suite, Apt. #, etc.
113

05012006 Chg-LLC CR2E083 (11/05)

City & State
Farmington Hills, MI
Zip
48334
Country
USA

City & State
Sunrise, FL
Zip
33325
Country
USA

4. FEI Number
APPLIED FOR 20-0718377
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEDECK, LEONARD
13790 N.W. 4TH STREET
SUNRISE, FL 33325

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 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KARCHO, HANNA
30800 NORTHWESTERN HWY., STE 100
FARMINGTON HILLS, MI 48334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ LEONARD E. ZEDECK

5/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #