

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90202 021 \*\*\*\*50.00

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<b>DOCUMENT # L04000014589</b> 1. Entity Name ELITE HOSPITALITY I, LLC			
Principal Place of Business 4690 SALISBURY RD JACKSONVILLE, FL 32256		Mailing Address 444 SEABREEZE BLVD., STE. 200 DAYTONA BEACH, FL 32118	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 45 Seton Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORmond Beach FL	
Zip	Country	Zip 32176	Country
6. Name and Address of Current Registered Agent  BHOOLA, MANOJ A 444 SEABREEZE BLVD., STE. 200 DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name Bhoola, Manoj A. Street Address (P.O. Box Number is Not Acceptable) 45 Seton Trail City Ormond Beach FL Zip Code 32176	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 3/26/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHOOLA, MANOJ 444 SEABREEZE BLVD. STE 200 DAYTONA BEACH, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bhoola, Manoj 45 Seton Trail Ormond Beach FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHOOLA, SNEHAL 444 SEABREEZE BLVD STE 200 DAYTONA BEACH, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bhoola, Snehal 45 Seton Trail Ormond Beach FL 32176
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
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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 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:		DATE: 3/22/07 DAYTIME PHONE #: 386255 2527	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			