

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000017638

1. Entity Name  
MY HOTEL INTEREST, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:46

Principal Place of Business  
13790 NW 4TH STREET, SUITE 113  
SUNRISE, FL 33325

Mailing Address  
13790 NW 4TH STREET, SUITE 113  
SUNRISE, FL 33325

2. Principal Place of Business

30800 Northwestern Hwy  
Suite, Apt. #, etc.  
100

3. Mailing Address

Suite, Apt. #, etc.

City & State  
Farmington Hills, MI

City & State

Zip 48334 Country USA

Zip Country

5012006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-2155356

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ZEDECK, LEONARD E ESQ.  
13790 NW 4TH STREET, SUITE 113  
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

Signature, typed or printed name of registered agent and title if applicable.

(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 MGR  
NAME ZEDECK, LEONARD E  
STREET ADDRESS 13790 NW 4 ST #113  
CITY-ST-ZIP FORT LAUDERDALE, FL 33325

☒ Delete

TITLE  
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STREET ADDRESS  
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10. ADDITIONS/CHANGES

TITLE  
NAME MARIANNA KARCHO  
STREET ADDRESS 30800 Northwestern Hwy Ste 100  
CITY-ST-ZIP Farmington Hills, MI 48334

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

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

LEONARD E ZEDECK

Date

Daytime Phone #