2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# L04000032251

Entity Name: SHIVAM HOSPITALITY MANAGEMENT, LLC

Current Principal Place of Business:

262,TIMBERLINE TRAIL
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

262,TIMBERLINE TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 74-3133700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAREKH, NITIN
262,TIMBERLINE TRAIL
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PAREKH, NITIN
Address: 262,TIMBERLINE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete
Name: PATEL, ANSUYA
Address: 262,TIMBERLINE TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: PATEL, NIPUL
Address: 5646, ASHLEY SQ N
City-St-Zip: MEMPHIS, TN 38120

Title: MGRM ( ) Change (X) Addition
Name: PATEL, NIKUR
Address: 5646, ASHLEY SQUARE N
City-St-Zip: MEMPHI, TN 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NITIN PAREKH MGRM 01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date