



FILED
May 31, 2005 8:00 am
Secretary of State

05-02-2005 90100 008 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L04000037520			
1. Entity Name GLOBAL HOTELS GROUP, L.L.C.			
Principal Place of Business 8820 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32802		Mailing Address 8820 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32802	
2. Principal Place of Business <i>SAME AS ABOVE</i>		3. Mailing Address <i>SAME AS ABOVE</i>	
4. FEI Number <i>20-123-7927</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04112005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent SINGH, JAGDISH 8820 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32802		7. Name and Address of New Registered Agent	
8. I, 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: <i>Jagdish Singh</i> DATE: <i>5/24/05</i>	
Filing Fee is \$60.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: SINGH, JAGDISH STREET ADDRESS: 8820 S. ORANGE BLOSSOM TRAIL CITY-ST-ZIP: ORLANDO, FL 32802	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MGRM NAME: RATHORE, NARENDRA S STREET ADDRESS: 6441 R/ LEIGH STREET, #1024 CITY-ST-ZIP: ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MGRM NAME: SINGH, KULDIP STREET ADDRESS: 8820 S. ORANGE BLOSSOM TRAIL CITY-ST-ZIP: ORLANDO, FL 32802	<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	
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 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 608, Florida Statutes.			
SIGNATURE: <i>Jagdish Singh</i>		DATE: <i>4/27/05</i> <i>407-851-8200</i>	
EDD MATHEW: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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