2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040382

City-St-Zip:

ST.AUGUSTINE, FL 32084

Entity Name: SHIVA HOSPITALITY, LLC

FILED May 31, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 308 KELSEY PARK CIRCLE 2500 N PONCE DE LEON BLVD PALM BEACH GARDENS, FL 33410 ST. AUGUSTINE, FL 32084 **Current Mailing Address: New Mailing Address:** 2500 N PONCE DE LEON BLVD 308 KELSEY PARK CIRCLE PALM BEACH GARDENS, FL 33410 ST AUGUSTINE, FL 32084 FEI Number: 34-1997865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, GHANSHYAM PATEL, GHANSHYAM 308 KELSEY PARK CIRCLE 300 BRENTLEY HARBOR DR PALM BEACH GARDENS, FL 33410 ST AUGUSTIN, FL 32086 US 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: GHANSHYAM 05/31/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PATEL, GHANSHYAM Name: Name: Address: 2500, N. PONCE DE LEON BLVD Address: City-St-Zip: ST.AUGUSTINE, FL 32084 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: PATEL, BAKULA Name: Address: 2500. N. PONCE DE LEON BLVD Address: City-St-Zip: ST.AUGUSTINE, FL 32084 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PATEL, VICTOR Name: Name: 2500, N. PONCE DE LEON BLVD Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: GHANSHYAM MGRM 05/31/2007