

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-27-2007 90202 025 \*\*\*\*50.00

<b>DOCUMENT # L04000044127</b>					
<b>1. Entity Name</b> ELITE HOSPITALITY V, LLC					
<b>Principal Place of Business</b> 4791 WINDSOR COMMONS CT JACKSONVILLE, FL 32224			<b>Mailing Address</b> 444 SEABREEZE BLVD, STE 200 DAYONTA BEACH, FL 32118		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 45 Seton Trail			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ormond Beach FL		<b>4. FEI Number</b> 20-1194852	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip 32176		Country		01172007 Chg-LLC CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b>  BHOOLA, MANOJ A 444 SEABREEZE BLVD, STE 200 DAYONTA BEACH, FL 32118			<b>7. Name and Address of New Registered Agent</b> Name: Bhoolg, Manoj Street Address (P.O. Box Number is Not Acceptable): 45 Seton Trail City: Ormond Beach FL Zip Code: 32176		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bhoolg, Manoj 45 Seton Trail Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BHOOLA, SNEHAL 444 SEABREEZE BLVD SUITE 200 DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bhoolg, Snehal 45 Seton Trail Ormond Beach, FL 32176	<input checked="" 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
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
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					