


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-27-2007 90202 020 \*\*\*\*50.00

<b>DOCUMENT # L04000044190</b> 1. Entity Name <b>ELITE HOSPITALITY IV, LLC</b>					
Principal Place of Business <b>1200 AIRPORT RD. JACKSONVILLE, FL 32218</b>		Mailing Address <b>444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>45 Seton Trail</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>Ormond Beach FL</b> Zip      Country <b>32176</b>		4. FEI Number <b>20-1194839</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>BHoola, MANOJ A 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118</b>			7. Name and Address of New Registered Agent Name <b>Bhoola, Manoj A</b> Street Address (P.O. Box Number is Not Acceptable) <b>45 Seton Trail</b> City <b>Ormond Beach</b> <b>FL</b> Zip Code <b>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.					
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	<b>MGRM BHoola, MANOJ 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Bhoola, Manoj 45 Seton Trail Ormond Beach, FL 32176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BHoola, SNEHAL 444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Bhoola, Snehal 45 Seton Trail Ormond Beach, FL 32176</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>3/27/07</b> Daytime Phone # <b>3862552577</b>		

60029681



03052007 Chg-LLC CR2E083 (12/06)