2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000047436

1. Entity Name
ELITE HOSPITALITY III, LLC

60024450

Principal Place of Business	Mailing Address
444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118	444 SEABREEZE BLVD., SUITE 200 DAYTONA BEACH, FL 32118

01172007   Chg-LLC·   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
201 N. First St.
Suite, Apt. #, etc.

3. Mailing Address
45 Seton Trail
Suite, Apt. #, etc.

City & State *Palatka FL*
Zip *32177*   Country

City & State *Ormond Beach FL*
Zip *32176*   Country

4. FEI Number
20-1140611
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐
$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BHOOLA, MANOJ A
444 SEABREEZE BLVD., SUITE 200
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent

Name *Bhoola, Manoj*
Street Address (P.O. Box Number is Not Acceptable)
45 Seton Trail
City *Ormond Beach*   FL   Zip Code *32176*

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00 **Due by May 1, 2007**		**Make check payable to** **Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			**10.** ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE *MGRM*	☒ Change ☐ Addition
NAME	BHOOLA, MANOJ A		NAME *Bhoola, Manoj*	
STREET ADDRESS	444 SEABREEZE BLVD, STE 200		STREET ADDRESS *45 Seton Trail*	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP *Ormond Beach, FL 32176*	
TITLE	MGRM	☐ Delete	TITLE *MGRM*	☒ Change ☐ Addition
NAME	ASHDJI, FARID		NAME *Ashdji, Farid*	
STREET ADDRESS	444 SEABREEZE BLVD, STE 200		STREET ADDRESS *45 Seton Trail*	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY-ST-ZIP *Ormond Beach, FL 32176*	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #