

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90172 035 ****50.00

20005290



01092006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000061746					
1. Entity Name STATE MOTEL, LLC					
Principal Place of Business % WEBSTER, CHAIRES & PARTNERS, P.L. 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789			Mailing Address % WEBSTER, CHAIRES & PARTNERS, P.L. 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0521931	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent W&P SERVICES, INC. SUITE 101 1936 LEE ROAD WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATEL, AMISHKUMAR B 509 US HIGHWAY 27 N HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	35509 Highway 27 Haines City, FL 33844	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS PATEL, NAYANA A 509 US HIGHWAY 27 N HAINES CITY, FL 33844	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	35509 Highway 27 Haines City, FL 33844	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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  AMISH PATEL			01-31-06 (863) 422-1331		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



**WEBSTER, CHAIRES
& PARTNERS, P.L.**

ATTORNEYS AND BUSINESS CONSULTANTS
FLORIDA CIVIL LAW NOTARIES

ATTACHMENT

20005290
#L04000061746

TRADITIONAL LEGAL SERVICES
COMMON SENSE APPROACH

Dawn Bachan-Muckunlall
Paralegal

E-mail: dmuckunlall@wplawyers.com

February 1, 2006

Via Certified Mail – RRR

Uniform Business Report
Division of Corporations
PO Box 6478
Tallahassee, FL 32314-6478

Re: **State Motel, LLC / 2006 Uniform Business Report**

Ladies and Gentlemen:

Enclosed with this letter is the 2006 Uniform Business Report for the above referenced limited liability company. Also enclosed is check #1640 in the amount of \$50.00 for the filing of same.

Please contact our office if you have any questions.

Sincerely,

Dawn Bachan-Muckunlall
Paralegal

Enclosures