

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000068005

1. Entity Name

AMERICAN HOTEL GROUP, LLC



Principal Place of Business

**402 HIGH POINT DRIVE, SUITE 201
COCOA, FL 32926**

Mailing Address

**402 HIGH POINT DRIVE, SUITE 201
COCOA, FL 32926**



07052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1758561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOILEAU, JOHN L ESQUIRE
3490 NORTH U.S. HIGHWAY 1
COCOA, FL 32926**

**DO NOT WRITE
IN THIS SPACE**

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 September 8, 2006**

U000000569903
07/13/06-800007-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHAH, RAJENDRA R
STREET ADDRESS	740 NICKLAUS DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	MGRM
NAME	PATEL, ATUL
STREET ADDRESS	1581 STAFFORD AVENUE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	MGR
NAME	SHAH, SUNIL N
STREET ADDRESS	10064 DEERCREEK CLUB RD E
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	MGR
NAME	MODI, CHANDRAKANT N
STREET ADDRESS	9958 BLAKEFORD MILL ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	MGR
NAME	SHAH, KIRAN P
STREET ADDRESS	1071 N BRADFORD AVENUE
CITY-ST-ZIP	PLACENTIA, CA 92870
TITLE	MGR
NAME	SHAH, ANSHUL K
STREET ADDRESS	1071 N BRADFORD AVENUE
CITY-ST-ZIP	PLACENTIA, CA 92870

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #