

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019295

FILED
Jan 09, 2008
Secretary of State

Entity Name: TALLAHASSEE HOTEL JOINT VENTURE, L.L.C.

Current Principal Place of Business:

922 EAST LAFAYETTE STREET
SUITE E
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

922 EAST LAFAYETTE STREET
SUITE E
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-2377113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, RAKESH K
922 EAST LAFAYETTE STREET
SUITE E
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, RAKESH K
Address: 922 EAST LAFAYETTE STREET, SUITE E
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGRM () Delete
Name: PATEL, JAYDEV
Address: 1402 WEST TENNESSEE STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: MGR () Delete
Name: MISTRY, PRITI R
Address: 2801 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAKESH K. PATEL

MGRM

01/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date