

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021785

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: INTEGRATED HOSPITALITY SYSTEMS, LLC

**Current Principal Place of Business:**

2651 SW 130TH TERRACE  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

2651 SW 130TH TERRACE  
DAVIE, FL 33330 US

**New Mailing Address:**

FEI Number: 76-0791045

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CABEZA, ONELIO M  
2651 SW 130TH TERRACE  
DAVIE, FL 33330 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: CABEZA, ONELIO M  
Address: 2651 SW 130TH TERRACE  
City-St-Zip: DAVIE, FL 33330 US

Title: MGRM ( ) Delete  
Name: DIAZ, IDA  
Address: 3273 W 14TH COURT  
City-St-Zip: HIALEAH, FL 33012 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: ESPINET, EMELINE C  
Address: 2651 SW 130TH TERRACE  
City-St-Zip: DAVIE, FL 33330 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ONELIO CABEZA

MGRM

04/27/2006

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