2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 09, 2006 8:00 am
Secretary of State
02-21-2006 90179 006 ****50.00

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1. Entity Name
WELCOME HOSPITALITY OF SARASOTA, LLC

JUUU2U1U

02072006 · Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
4900 N TAMIAMI TRAIL SARASOTA, FL 34234 US	4900 N TAMIAMI TRAIL SARASOTA, FL 34234 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 4900 N. Tamiami Trail	Suite, Apt. #, etc.: 4900 N. Tamiami Trail
City & State: SARASOTA	City & State: SARASOTA FLORIDA
Zip: 34234 Country: Sarasota	Zip: 34234 Country: Sarasota

4. FEI Number: 20-2825540 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PATEL, RAVI 4900 N TAMIAMI TRAIL SARASOTA, FL 34234	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 _____ 2/10/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PATEL, RAVI 4900 N TAMIAMI TRAIL SARASOTA, FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GANDHI, SUNIL 599 W BRITAIN STREET HERNANDO, FL 34422	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHAH, DHIMANT 168 OAKGROVE CIRCLE LAKE MARY, FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 2/6/06 (941) 232-1960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #