2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081929

Entity Name: SURYA HOSPITALITY, LLC

FILED Jan 16, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4230 MAYFAIR LANE PORT ORANGE, FL 32129 Current Mailing Address:				3001 UNIVERSITY CENTER DR. TAMPA, FL 33612 New Mailing Address:			
FEI Number: 20-3332676 FEI Number Applied For ()				El Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PATEL, KAMLESH H 1211 N. WESTSHORE BLVD. 104 TAMPA, FL 33607 US				NELSON, G. MICHAEL 718 W. MLK BLVD. TAMPA, FL 33603 US			
	e named entity : e of Florida.	submits this statement for the p	ourpose o	f changing i	its registere	ed office or registered agent, or bo	th
SIGNATURE: G. MICHAEL NELSON				01/16/2006			
	Electror	ic Signature of Registered Age	ent			Date	_
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGRM () PATEL, DILIP M 4230 MAYFAIR PORT ORANGE	LN		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PATEL, ASHOR	FIONAL SPEEDWAY BLVD		Title: Name: Address: City-St-Zip:	MGRM PATEL, BH 3001 UNIV TAMPA, FL	ERSITY CENTER DR.	
Title: Name: Address: City-St-Zip:	MGRM () PATEL, MUKUN 4338 CONROY ORLANDO, FL	CLUB DR.		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MGRM PATEL, KE 3001 UNIVI TAMPA, FL	ERSITY CENTER DR.	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:		() Change (X) Addition DRAVANADAN ERSITY CENTER DR. 33612	
Title: Name: Address: Citv-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MGRM PATEL, BH 3001 UNIVI	ERSITY CENTER DR.	

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: M. PATEL MGRM 01/16/2006