

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089353

FILED
Apr 03, 2008
Secretary of State

Entity Name: SHAKMAN HOSPITALITY, L.L.C.

Current Principal Place of Business:

2595 N.W. BOCA RATON BLVD.
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2595 N.W. BOCA RATON BLVD.
SUITE 100
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 03-0570483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, RICHARD ESQ.
2595 N.W. BOCA RATON BLVD.
SUITE 200
BOCA RATON, FL 33431 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: GOLDMAN, MICHAEL
Address: 2595 N.W. BOCA RATON BLVD.
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: CAHORSHAK, JOHN
Address: 2595 N.W. BOCA RATON BLVD.
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: ISABELLE, MARK
Address: 2595 N.W. BOCA RATON BLVD.
City-St-Zip: BOCA RATON, FL 33431

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: MICHAEL GOLDMAN

MGMR

04/03/2008

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