
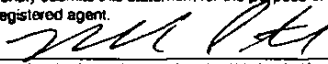



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-01-2007 90393 001 ***200.00

DOCUMENT # L05000093566			
1. Entity Name MOMENTUM HOSPITALITY III, LLC			
Principal Place of Business 115 SOUTH WILLOW AVENUE TAMPA, FL 33606		Mailing Address 115 SOUTH WILLOW AVENUE TAMPA, FL 33606	
2. Principal Place of Business - No P.O. Box # 19046 BRUCE B. DOWNS BLVD		3. Mailing Address	
Suite, Apt. #, etc. SUITE 301		Suite, Apt. #, etc. -D	
City & State TAMPA, FL		City & State	
Zip 33647	Country USA	Zip	Country
4. FEI Number 20-4123670		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04272007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent PATEL, NILESH 115 SOUTH WILLOW AVENUE TAMPA, FL 33606		7. Name and Address of New Registered Agent Name NILESH M PATEL Street Address (P.O. Box Number is Not Acceptable) 117 So. Willow Ave, Suite 200 City TAMPA FL Zip Code 33606	
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  DATE 4/29/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, SARJU 115 SOUTH WILLOW AVENUE TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARJU R. PATEL 19046 BRUCE B. DOWNS BLVD, SUITE 301 TAMPA FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MOMENTUM Hospitality, LLC 19046 BRUCE B. DOWNS BLVD, SUITE 301 TAMPA, FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  - SARJU R. PATEL		Date 04/28/07 Daytime Phone # 813-240-2135	