

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

07-14-2006 90093 024 ****55.00

DOCUMENT # L05000115171

1. Entity Name
MILTON HOTELS LLC.



Principal Place of Business
**8510 KESHAV TAYLOR DR
MILTON, FL 32583 US**

Mailing Address
**3505 DULUTH PARK LANE
BLDG 100
DULUTH, GA 30096**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-4159790

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

**RAHIM, RAFIQ
8510 KESHAV TAYLOR DRIVE
MILTON, FL 32583**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
RAHIM, RAFIQ
8510 KESHAV TAYLOR DR
MILTON, FL 32583** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
MERCHANT, ZARINA
1699 VERMONT DRIVE
ELKGROVE VILLAGE, IL 60007** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-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: *Rahim*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/31/2006

Date

Daytime Phone #