

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115537

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: TRINITY HOTELS LLC

## Current Principal Place of Business:

4311 HIGHWAY 192  
KISSIMMEE, FL 34746 US

## New Principal Place of Business:

4311 VINE STREET  
KISSIMMEE, FL 34746 US

## Current Mailing Address:

240 WESTMORELAND  
WILMETTE, IL 60091

## New Mailing Address:

4311 VINE STREET  
KISSIMMEE, FL 34746

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYS, CHU ORN  
4311 HIGHWAY 192  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

HAYS, CHU ORN  
4311 VINE STREET  
KISSIMMEE, FL 34746 US

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:

04/30/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HAYS, CHU ORN  
Address: 240 WESTMORELAND  
City-St-Zip: WILMETTE, IL 60091 US

Title: MGRM ( ) Delete  
Name: ORN, EOLUN  
Address: 240 WESTMORELAND  
City-St-Zip: WILMETTE, IL 60091 US

Title: MGRM ( ) Delete  
Name: HAYS, TI KENNETH  
Address: 240 WESTMORELAND  
City-St-Zip: WILMETTE, IL 60091 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: ORN, EOLUN  
Address: 4311 WEST VINE STREET  
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM (X) Change ( ) Addition  
Name: HAYS, TI KENNETH  
Address: 4311 WEST VINE STREET  
City-St-Zip: KISSIMMEE, FL 34746 US

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: TI HAYES

MGRM

04/30/2006

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