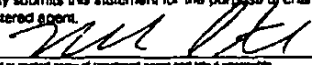
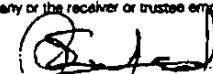


FILED
Jul 18, 2007 8:00 am
Secretary of State

5/1

05-01-2007 90393 001 ***200.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000119827			
1. Entity Name MOMENTUM HOSPITALITY IV, 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 # 1946 BRUCE B DOWNES BLVD Suite, Apt. #, etc. SUITE 301		3. Mailing Address Suite, Apt. #, etc. SUITE 301	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33647	Country USA	Zip 33647	Country USA
4. FEI Number 20-3968267		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04272007 Chg-LLC CR2E083 (12/08)	
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 (NOTE: Registered Agent signature required when terminating)			
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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARJU R PATEL 1946 BRUCE B DOWNES BLVD, SUITE 301 TAMPA, FL 33647 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NILESH M. PATEL 1946 BRUCE B DOWNES BLVD, SUITE 301 TAMPA, FL 33647 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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 606, Florida Statutes. SIGNATURE:  - SARJU R. PATEL DATE 04/28/07 813-240-2135 SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			