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Jul 18, 2007 8:00 am
Secretary of State

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000119827

1. Entity Name
MOMENTUM HOSPITALITY IV, LLC

30011886

Principal Place of Business	Mailing Address
115 SOUTH WILLOW AVENUE TAMPA, FL 33606	115 SOUTH WILLOW AVENUE TAMPA, FL 33606

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
19046 Bruce B Downs Blvd	
Suite, Apt. #, etc.: Suite 301	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33647 Country: USA	Zip Country

04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-3968267 — 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
PATEL, NILESH 115 SOUTH WILLOW AVENUE TAMPA, FL 33606	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 [signature] 4/29/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM Sarju R Patel 19046 Bruce B Downs Blvd, Suite 301 Tampa, FL 33647. ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~MGR MGRM~~ Managing Member Momentum Hospitality, LLC 19046 Bruce B Downs 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 608, Florida Statutes.

SIGNATURE: [signature] — Sarju R. Patel 04/28/07 813-240-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #