
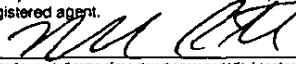
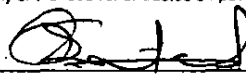


FILED  
May 31, 2007 8:00 am  
Secretary of State

05-01-2007 90333 014 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

<b>DOCUMENT # L06000008268</b>			
1. Entity Name <b>MOMENTUM HOTELS MANAGEMENT, LLC</b>			
Principal Place of Business <b>115 SOUTH WILLOW AVENUE TAMPA, FL 33606</b>		Mailing Address <b>115 SOUTH WILLOW AVENUE TAMPA, FL 33606</b>	
2. Principal Place of Business - No P.O. Box # <b>117 So. Willow Ave</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>SUITE 200</b>		Suite, Apt. #, etc.	
City & State <b>TAMPA, FL</b>		City & State	
Zip <b>33606</b>	Country <b>USA</b>	Zip	Country
4. FEI Number <b>20-4190310</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>PATEL, NILESH 115 SOUTH WILLOW AVENUE TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent Name <b>NILESH M PATEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>117 So. Willow Ave, Suite 200</b> City <b>TAMPA</b> FL Zip Code <b>33606</b>	
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 <b>4/29/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 R 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 DAVIS 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	<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 04/28/07 813-245-2135 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			