


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90225 025 ***138.75

DOCUMENT # L06000071166	
1. Entity Name KNR HOTELS, LLC	

Principal Place of Business 7087 GRAND NATIONAL DRIVE, SUITE 100 ORLANDO, FL 32819	Mailing Address 7087 GRAND NATIONAL DRIVE, SUITE 100 ORLANDO, FL 32819
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2. Principal Place of Business - No P.O. Box # 5900 AMERICAN WAY	3. Mailing Address 228 HENLEY CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ORLANDO FL	City & State DAVENPORT, FL
Zip 32819	Country USA
Zip 33896	Country USA

60013176



03042008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RACH, KIRAN 228 HENLEY CIR DAVENPORT, FL 33896		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]* (NOTE: Registered Agent signature required when reinstating) DATE **03/04/08**

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RACH, KIRAN 228 HENLEY CIRCLE DAVENPORT, FL 338963066 <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	MGRM RACH, NALIN 228 HENLEY CIRCLE DAVENPORT, FL 338963066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* **03/04/08** **407 860 8515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #