2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071463

Address:

City-St-Zip:

FORT MYERS, FL 33912 US

Entity Name: SAHASH HOSPITALITY, LLC

FILED Jan 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8848 KEATS DRIVE 6826 HWY 19 N HUDSON, FL 34667 NEW PORT RICHEY, FL 34652 **Current Mailing Address: New Mailing Address:** 8848 KEATS DRIVE 6826 HWY 19 N NEW PORT RICHEY, FL 34652 HUDSON, FL 34667 FEI Number: 20-5236927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TORRENCE, ALFRED W JR GANDHI, DINESH P GM 6645 RIDGE ROAD 6826 HWY 19 N. PORT RICHEY, FL 34668 NEW PORT RICHEY, FL 34652 US 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: DINESH GANDHI 01/06/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition GANDHI, DINESH P Name: Name: 15800 US 19 Address: Address: City-St-Zip: HUDSON, FL 34667 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PANJABIKARODA, HARIKRISHNA L Name: Name: Address: 7188 ROYAL OAK DRIVE Address: City-St-Zip: SPRING HILL, FL 34607 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PANJABI, JAYPRAKASH L Name: Name: 14346 BEAULY CIRCLE Address: Address: City-St-Zip: HUDSON, FL 34667 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PATEL, MAHENDRA P Name: 1935 MOUNTAIN ASH WAY Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition AMIN, MADHUSUDAN S Name: Name: 7507 SITKA DEER WAY

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.

Address:

City-St-Zip:

SIGNATURE: DINESH GANDHI 01/06/2007