## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## Mar 27, 2007 8:00 am Secretary of State 03-27-2007 90197 014 \*\*\*\*50.00 **DOCUMENT # L06000092938** 1. Entity Name MNAL HOTELS, LLC 60029363 Principal Place of Business Mailing Address 906 EAST BRANDON BOULVARD 906 EAST BRANDON BOULVARD BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03032007 Chq-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 3991203 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent\_ 7. Name and Address of New Registered Agent PATEL, CHAMPAK 906 EASTBRANDON BOULEVARD Street Address (P.O. Box Number is Not Acceptable) BRANDON, FL 33511 City Zip Code FL 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Change ☐ Addition ☐ Delete PATEL CHAMPAK NAME 906 EAST BRANDON BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 ray 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 trusted amagement to execute this report as required by Chapter 608, Florida Statutes.

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED