

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101117

Entity Name: DURGA HOTELS LLC

FILED
Mar 08, 2007
Secretary of State

Current Principal Place of Business:

321 EAST FLETCHER AVENUE
TAMPA, FL 33612

New Principal Place of Business:

4202 SW 40TH BOULEVARD
GAINSVILLE, FL 32608

Current Mailing Address:

321 EAST FLETCHER AVENUE
TAMPA, FL 33612

New Mailing Address:

4202 SW 40TH BOULEVARD
GAINSVILLE, FL 32608

FEI Number: 20-5729118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, DIPAK
321 EAST FLETCHER AVENUE
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

PATEL, DIPAK
4202 SW 40TH BOULEVARD
GAINSVILLE, FL 32608 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: DIPAK PATEL

03/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PATEL, DIPAK
Address: 321 EAST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612

Title: MGR () Delete
Name: PATEL, TEJAL
Address: 321 EAST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PATEL, DIPAK
Address: 4202 SW 40TH BOULEVARD
City-St-Zip: GAINSVILLE, FL 32608

Title: MGR (X) Change () Addition
Name: PATEL, TEJAL
Address: 4202 SW 40TH BOULEVARD
City-St-Zip: GAINSVILLE, FL 32608

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.

SIGNATURE: DIPAK PATEL

MGRM

03/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date