

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009100

Entity Name: PEACE HOSPITALITY LLC

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

3560 PHILIPS HWY  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

3560 PHILIPS HWY  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

FEI Number: 20-8301404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONAKEY & COMPANY LC  
11945 SAN JOSE BLVD  
SUITE 201  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DESAI, RAJ  
Address: 3560 PHILIPS HWY  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM ( ) Delete  
Name: PATEL, AMRUT  
Address: 19608 LIVERPOOL PKWY  
City-St-Zip: CORNELIUS, NC 28031 US

Title: MGRM ( ) Delete  
Name: PATEL, RAMAN M  
Address: 500 PARKVIEW PLACE  
City-St-Zip: COPPELL, TX 75019 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RAJ DESAI

MGRM

04/21/2008

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