

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009705

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: RAJESHWER HOSPITALITY, LLC

## Current Principal Place of Business:

225 BECKRICH ROAD  
PANAMA CITY BEACH, FL 32407

## New Principal Place of Business:

## Current Mailing Address:

225 BECKRICH ROAD  
PANAMA CITY BEACH, FL 32407

## New Mailing Address:

FEI Number: 20-8334396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, W. CRIT ESQ.  
3520 THOMASVILLE ROAD  
TALLAHASSEE, FL 32309 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: PATEL, NARESH  
Address: 160 HOMBRE CIRCLE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition  
Name: RAO, PALEP N  
Address: 225 BECKRICH RD  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: MGR ( ) Change (X) Addition  
Name: PATEL, CHETAN  
Address: 225 BECKRICH RD  
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: NARESH PATEL

MGRM

04/23/2008

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