

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000031986

**FILED**  
**Feb 07, 2010**  
**Secretary of State**

**Entity Name:** WEST PALM HOSPITALITY, LLC

**Current Principal Place of Business:**

155 SW PEACOCK BLVD.  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

2750-305 RACETRACK RD  
#154  
ST JOHNS, FL 32259

**New Mailing Address:**

**FEI Number:** 20-8743864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEE, FRANK H III ESQ  
500 VIRGINIA AVENUE, STE. 200  
FORT PIERCE, FL 34982 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: MGR  
Name: PATEL, DHIRENDRA N  
Address: 155 S. PEACOCK BLVD.  
City-St-Zip: PORT ST. LUCIE, FG 34986

Title: MGR  
Name: PATEL, BALVANT  
Address: 2750-305 RACETRACK ROAD, #154  
City-St-Zip: ST JOHNS, FL 32259

I hereby 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: BGP

MGR

02/07/2010

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