


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90115 044 \*\*\*138.75

<b>DOCUMENT # L07000080629</b>	
1. Entity Name AMERICAN HOSPITALITY ASSOCIATES, LLC.	

Principal Place of Business 1035 JASON RIDGE CT. KISSIMMEE, FL 34747	Mailing Address 1035 JASON RIDGE CT. KISSIMMEE, FL 34747
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50003607

2. Principal Place of Business - No P.O. Box # 1035 JASON RIDGE CT.	3. Mailing Address 1035 JASON RIDGE CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01042008 Chg-LLC CR2E083 (12/06)

City & State Kissimmee, FL	City & State Kissimmee, FL
Zip 34747	Zip 34747
Country USA	Country USA

4. FEI Number 41-2247731	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BECK, CONNIE J 1035 JASON RIDGE CT. KISSIMMEE, FL 34747	
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7. Name and Address of New Registered Agent	
Name Connie J. Beck	
Street Address (P.O. Box Number is Not Acceptable) 1035 JASON RIDGE CT.	
City Kissimmee	
State FL	Zip Code 34747


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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BECK, CONNIE J 1035 JASON RIDGE CT. KISSIMMEE, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 my 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.

<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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