2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mailing Address

DOCUMENT # L07000080629

Principal Place of Business

AMERICAN HOSPITALITY ASSOCIATES, LLC.

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

04-16-2008 90115 044 ***138.75

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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent. SIGNATURE Symalure, types or printed name or registered agent undown for flapsideable in the purpose of changing its registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent. Or both in the State of Florida. I am farmillar with, and accept the obligations of registered agent. Or both in the State of Florida Department or State Signature, types or printed name or registered agent undown for flapsideable. (NOTE Registered Apert signature required when remaining) DATE The company of the compan	KISSIMME	E, FL 34747		1033	UH	, , , , , , , , , , , , , , , , , , ,			
SIGNATURE Signature, typee or princed name of registered agent and set of applicable. (NOTE Registered Agent signature returned when retraining) DATE					anae		FL Z Co	์ ใ 47	
Spreature, typed or primed name of registered agent and site if applicable. RATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGR BECK, CONNIE J 1035 JASON RIDGE CT. KISSIMMEE, FL 34747 TILE NAME STREET ADDRESS CITY-ST-2P TILE NAME STRET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P TILE N			the purpose of changing its re	gistered office or regist	tered agent, or b	oth, in the State of Flo	rida. I am familiar with,	and accept	
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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		certify that the information supplied with	this filling does not qualify for t		ed in Chapter 11	9 Florida Statutes I fi	urther certify that the infr	ormation	

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.

SIGNATURE: Date Daysine Phone & Daysine Phone Phone & Daysine Phone & Daysine Phone & Daysine Phone & Daysine