

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081054

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: GOVERDHAN HOSPITALITY,LLC

**Current Principal Place of Business:**

2543 WEST CR-48  
BUSHNELL, FL 33513 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 358177  
GAINESVILLE, FL 32635 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

PATEL, MANISHA J  
14218 NW 31ST AVE  
GAINESVILLE, FL 32606 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, JAYPRAKASH B  
Address: P.O.BOX 358177  
City-St-Zip: GAINESVILLE, FL 32635 US

Title: MGRM ( ) Delete  
Name: PATEL, KIRTI B  
Address: 5838 N W 45TH ST  
City-St-Zip: GAINESVILLE, FL 32653 US

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

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

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

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PATEL, HEMA K  
Address: 5838 NW 45TH ST  
City-St-Zip: GAINESVILLE, FL 32635 US

Title: MGRM (X) Change ( ) Addition  
Name: PATEL, MANISHA J  
Address: P.O.BOX 358177  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, SACHIN K  
Address: 5838 NW 45TH ST  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, BHUMI K  
Address: 5838 NW 45TH ST  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, SUJATA J  
Address: P.O.BOX 358177  
City-St-Zip: GAINESVILLE, FL 32653 US

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, MINAL J  
Address: P.O.BOX 358177  
City-St-Zip: GAINESVILLE, FL 32653 US

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: MANISHA J. PATEL

MGRM

03/24/2009

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