

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027190

FILED
Apr 15, 2009
Secretary of State

Entity Name: UNITED HOSPITALITY GROUP, LLC

Current Principal Place of Business:

271 LAKE SHORE DR
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

271 LAKE SHORE DR
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 26-2225299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, SAMIR B
271 LAKE SHORE DR
MERRITT ISLAND, FL 32953 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, SAMIR B
Address: 271 LAKE SHORE DR
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: MGRM () Delete
Name: PATEL, BHARAT
Address: 271 LAKE SHORE DR
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: MGRM (X) Delete
Name: PATEL, JAGRUT
Address: 271 LAKE SHORE DR
City-St-Zip: MERRITT ISLAND, FL 32953 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PATEL, BHARAT
Address: 271 LAKE SHORE DR
City-St-Zip: MERRITT ISLAND, FL 32953 US

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

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: SAMIR PATEL

MGMR

04/15/2009

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