2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000059141

Entity Name: WILDWOOD HOSPITALITY GROUP, LLC

Current Principal Place of Business:

1915 HILLBROOKE TRAIL
SUITE 2
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

1915 HILLBROOKE TRAIL
SUITE 2
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 26-2823820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THIELEN, TIMOTHY A
1915 HILLBROOKE TRAIL
SUITE 2
TALLAHASSEE, FL 32311 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:	OM SHANTI OM, LLC	
Address:	1915 HILLBROOKE TRAIL	
City-St-Zip:	TALLAHASSEE, FL 32311	
Title:	MGRM	( ) Delete
Name:	PATEL, RAHUL	
Address:	2 GREAT BRIDGE ROAD	
City-St-Zip:	FREEHOLD, NJ 07728	
Title:	MGRM	( ) Delete
Name:	PATEL, BHARATKUMAR R	
Address:	3 PALMER DRIVE	
City-St-Zip:	ROME, GA 30165	
Title:	MGRM	( ) Delete
Name:	PATEL, DAXA	
Address:	689 LUPINE LANE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGRM	( ) Delete
Name:	PATEL, KAMLESH C	
Address:	5777 COUNTRY SIDE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32317	
Title:	MGRM	( ) Delete
Name:	PATEL, ASHOK C	
Address:	316 KNOB HILL ROAD	
City-St-Zip:	VALDOSTA, GA 31602	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: TIMOTHY A THIELEN MGRM 04/30/2009

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