2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2009
Secretary of State

DOCUMENT# L08000108089

Entity Name: HOTEL GROUP, LLC

Current Principal Place of Business:

925 W STATE RD, 434
WINTER GARDENS, FL 32708 US

New Principal Place of Business:

925 W STATE RD, 434
204
WINTER GARDENS, FL 32708 US

Current Mailing Address:

925 W STATE RD, 434
WINTER GARDENS, FL 32708 US

New Mailing Address:

925 W STATE RD, 434
204
WINTER GARDENS, FL 32708 US

FEI Number: 26-3845229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PEPPLER, THOMAS
1420 ALAFAYA TRAIL
STE 101
OVIEDO, FL 32765 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: MGR ( ) Delete
Name: RUSH TECHNOLOGIES INCORPORATED
Address: 925 W SR 434, SUITE 104
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: MGR ( ) Delete
Name: SKYLARK TRAVEL CONSULTANTS, INC.
Address: 10223 POINTVIEW COURT
City-St-Zip: ORLANDO, FL 32836 US

ADDITIONS/CHANGES:

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: BEN MYERSON PRES 07/29/2009

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