2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# L96000000969

Entity Name: AMERICAN HOSPITALITY AND RESTAURANT ASSOCIATES, L.C.

Current Principal Place of Business:

1834 MAIN STREET
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1834 MAIN STREET
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 65-0697268 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDLER, JAMES R III
1834 MAIN STREET
SARASOTA, FL 34236 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:	CHANDLER, JAMES R III	
Address:	3851 TANGIER TERRACE	
City-St-Zip:	SARASOTA, FL 34329	
Title:	MGR	( ) Delete
Name:	FORLENZA, MARC	
Address:	286 FIRST STREET NORTH	
City-St-Zip:	FRIDAY HARBOR, WA 98250	
Title:	MGR	( ) Delete
Name:	GONZALEZ, RAFAEL A	
Address:	10009 LAUREL VALLEY AVE. CIRCLE	
City-St-Zip:	SARASOTABRADENTON, FL 34202	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES R. CHANDLER, III MGRM 01/10/2007

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