

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L97000000892

1. Entity Name

FLORIDA HOTEL MANAGEMENT, L.C.



Principal Place of Business

60 S. IVANHOE BLVD.
ORLANDO, FL 32804

Mailing Address

60 S. IVANHOE BLVD.
ORLANDO, FL 32804



04142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3467509

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZACZAC, GEORGI SR.
EXECUTIVE OFFICE
777 NW 72ND AVENUE
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ZACZAC, GEORGI
STREET ADDRESS	EXECUTIVE OFFICES, 777 N.W. 72ND AVENUE
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	MGRM
NAME	ZACZAC, ELIZABETH
STREET ADDRESS	60 S. IVANHOE BLVD.
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	MGRM
NAME	ZACZAC, LOURDES
STREET ADDRESS	60 S. IVANHOE BLVD.
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	MGRM
NAME	ZACZAC, GEORGI JR.
STREET ADDRESS	60 S. IVANHOE BLVD.
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	MGRM
NAME	ZACZAC, MARCOS
STREET ADDRESS	60 S. IVANHOE BLVD.
CITY - ST - ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/05/04-80035-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-30-2004

Date

407.426.4455

Daytime Phone #