


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2005 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
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07072005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3467509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

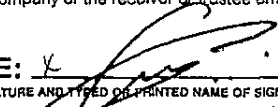
Filing Fee is \$50.00
Due by September 7, 2005

U00000374025
07/22/05-80004-022 55.00

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

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:  **7-19-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #