

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90133 047 ****50.00

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1. Entity Name

HOSPITALITY VENTURES OF CORAL SPRINGS, L.C.



Principal Place of Business

7550 NW 75 DR.
PARKLAND FL 33067

Mailing Address

1370 W. SIXTH ST., SUITE 210
CLEVELAND OH 44113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0845886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

MOORE

CR2E083 (4/04)



6. Name and Address of Current Registered Agent

WILLIAMS, ALEXANDER J ESQ
150 S. PINE ISLAND RD., #400
FT. LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR PHENIX HOSPITALITY, L.C. 1370 W. 6TH STREET, #210 CLEVELAND OH 44113			

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Theodore Sanley
THEODORE SANLEY

216-241-0656