2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State DOCUMENT # L98000002221 HOSPITALITY DEVELOPMENT ADVISORS, L.L.C. Principal Place of Business Mailing Address 8008 S. FLAGLER COURT 8008 S. FLAGLER COURT WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 04222005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1001309 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KEITH W. MEISEL, P.A. 712 US HIGHWAY ONE, STE 230 NORTH PALM BEACH, FL 33408 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 event and title if anoticable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME METZ, JOHN C STREET ADDRESS 8008 S. FLAGLER COURT City-St-ZIP WEST PALM BEACH, FL 33405 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 elver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information indicated on this report is true an limited liability company or the re

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TY D OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE