2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2004
Secretary of State

DOCUMENT# L99000005116

Entity Name: HOSPITALITY DEVELOPMENT CONSULTANTS INTERNATIONAL, LLC

Current Principal Place of Business:

690 AMERICA'S CUP COVE
ALPHARETTA, GA 30005

New Principal Place of Business:

Current Mailing Address:

4809 RIVER PLACE DRIVE
KNOXVILLE, TN 37914

New Mailing Address:

FEI Number: 59-3593851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURTS, JESS
20585 SW 1ST STREET
PEMBROKE PINES, FL 33029 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/MEMBERS:

Title: MGRM ( ) Delete
Name: BURTS, JESS
Address: 20585 SW 1ST STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM ( ) Delete
Name: CHEEK, HARVEY DALE
Address: 690 AMERICA'S CUP COVE
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: JESS BURTS MGRM 01/19/2004

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