

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005116

FILED
Apr 19, 2007
Secretary of State

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:

BURTS, JESS
16896 SW 51ST STREET
MIRAMAR, FL 33027 US

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:

04/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM () Delete
Name: HDC & ASSOCIATES,
Address: 690 AMERICA'S CUP COVE
City-St-Zip: ALPHARETTA, GA 30005

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JESS BURTS ENTERPRIS, ES, INC.
Address: 16896 SW 51ST STREET
City-St-Zip: MIRAMAR, FL 33027

Title: MGR (X) Change () Addition
Name: HDC & ASSOCIATES,
Address: 690 AMERICA'S CUP COVE
City-St-Zip: ALPHARETTA, GA 30005

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 ENTERPRISES

MGR

04/19/2007

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