

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90059 039 ****55.00

0004370

DOCUMENT # L99000005116

1. Entity Name

**HOSPITALITY DEVELOPMENT CONSULTANTS INTERNATIONAL
L, LLC**



Principal Place of Business

**120 PEREGRINE CT.
WINTER SPRINGS FL 32708**

Mailing Address

**120 PEREGRINE CT.
WINTER SPRINGS FL 32708**

20020011

2. Principal Place of Business

690 America's Cup Cove

Suite, Apt. #, etc.

3. Mailing Address

4809 River Place Drive

Suite, Apt. #, etc.

City & State

Alpharetta, GA

City & State

Knoxville, TN

Zip

30005

Country

USA

Zip

37914

Country

USA

4. FEI Number

59-3593851

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CARRINGTON, CHARLES ESQ
GREENBERG TRAVIS, PA
450 SOUTH ORANGE AVE, 6TH FLOOR
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **Jess Burts**

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

20585 S.W. 1st Street

City **Pembroke Pines**

FL

Zip Code
33029

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

JESS BURTS

1-15-03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BURTS, JESS**
STREET ADDRESS **20585 SW 1ST STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **MEM** ☐ Delete
NAME **CHEEK, HARVEY DALE**
STREET ADDRESS **954 LINKSIDE TERRACE**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **MGRM** ☒ Delete
NAME **CORDINER, MICHAEL**
STREET ADDRESS **120 PEREGRINE COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MEM**
NAME **CHEEK, HARVEY DALE**
STREET ADDRESS **690 AMERICA'S CUP COVE**
CITY-ST-ZIP **ALPHARETTA, GA 30005**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

JESS BURTS, PRINCIPAL 1-15-03 865-523-3187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)