

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005234

Entity Name: STARMARK HOTELS, L.L.C.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

809 APALACHEE PKWY
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

809 APALACHEE PKWY
TALLAHASSEE, FL 32301

New Mailing Address:

922 E LAFAYETTE STREET
SUITE E
TALLAHASSEE, FL 32301

FEI Number: 59-3594051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, RICK K
2020 APALACHEE PARKWAY
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

PATEL, RICK K
922 E LAFAYETTE STREET
SUITE E
TALLAHASSEE, FL 32301 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: RAKESH PATEL

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, RAKESH K
Address: 2020 APALACHEE PARKWAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, RAKESH K
Address: 922 E LAFAYETTE STREET SUITE E
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Change (X) Addition
Name: PATEL, KANTILAL B
Address: 922 E LAFAYETTE STREET SUITE E
City-St-Zip: TALLAHASSEE, F 32301

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: RAKESH PATEL

MGRM

04/27/2006

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