

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000007645

1. Entity Name
NATIONAL HOTEL GROUP, LLC



Principal Place of Business
**3330 WEST COLONIAL DRIVE
ORLANDO, FL 32808**

Mailing Address
**3330 WEST COLONIAL DRIVE
ORLANDO, FL 32808**



01132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3607914

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ATLI, ONDER K
3330 WEST COLONIAL DRIVE
ORLANDO, FL 32808**

**DO NOT WRITE
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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**U00000269377
03/19/05-80009-018 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ATLI, ONDER KENAN 3330 WEST COLONIAL DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ATLI, ASKIN HULYA 3330 WEST COLONIAL DRIVE ORLANDO, FL 32808
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**DO NOT WRITE
IN THIS SPACE**

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: Bragd Hamilton Agent for Owner 3-4-05 407-447-6077

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

Date

Daytime Phone #