

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90057 012 ****50.00

DOCUMENT # M02000003342

1. Entity Name

ENTERPRISE HOSPITALITY DEVELOPMENT LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 S. PALMETTO AVE.

Suite, Apt. #, etc.

STE. 2

City & State

DAYTONA BEACH, FL

Zip

32114

Country

USA

3. Mailing Address

101 S. PALMETTO AVE.

Suite, Apt. #, etc.

STE. 2

City & State

DAYTONA BEACH, FL

Zip

32114

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

38-3326785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

H. JAMES DIAL

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

101 S. PALMETTO AVE., STE. 2

City

DAYTONA BEACH

FL

Zip Code

32114

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

H. James Dial

Signature, typed or printed name of registered agent and title if applicable.

2-20-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
H. JAMES DIAL
101 S. PALMETTO AVE., STE. 2
DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
NIDRAH DIAL
101 S. PALMETTO AVE., STE. 2
DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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**DO NOT WRITE
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CR2E083B (12/02)

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: *H. James Dial*

2-20-03

386-252-8400

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

Date

Daytime Phone #