

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000003691**

1. Entity Name  
**TRISTAR HOTELS GROUP, LLC**



Principal Place of Business  
**7785 WEST US HWY 192  
KISSIMMEE, FL 34747**

Mailing Address  
**7785 WEST US HWY 192  
KISSIMMEE, FL 34747**

**DO NOT WRITE IN THIS SPACE**



07142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**20-0329010**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PATEL, KAMALESH  
270 MARIESTA DR  
BELAND, FL 32724**

**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 September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PATEL, KAMLESH 270 MARIESTA DR BELAND, FL 32724
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHAH, KIRAN 16408 CHERRY VALLEY CT GROVER, MO 63040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DHARNA, ANIL 1444 WELLINGTON VIEW LANE WILDWOOD, MO 63005
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000000168993  
08/02/04-80003-014 50.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**7-27-04 636 207 8998**

Date

Daytime Phone #