

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2005 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



02242005No Chg-LLC

CR2E083 (10/03)

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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
DELAND, 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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATEL, KAMLESH 270 MARIESTA DR DELAND, 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
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-1-05

Date

Daytime Phone #