2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: 🔀

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

FILED Mar 14, 2005 08:00 AM Secretary of State

		Wiar 14, 2005 00:00			
1. Entity Na	JMENT # M0300003691 R HOTELS GROUP, LLC		Se	cretary of Sta	
Principal Pla	ace of Business Mailing Address				
7785 WEST US HWY 192 7785 WEST US HWY 192					
KISSIMMEE, FL 34747 KISSIMMEE, FL 34747					
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	With the second		4. FEI Number 20-0329010	Applied For Not Applicable	
				\$E_00_+	
	The state of the s	the family of the definition of the second s	5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Current Registered Agent	The same and the s	Mark State State of the Control of t	A. 45. 40	
PATEL, KAMALESH					
	IESTA DR		DO NOT WRITE		
DELAND,	FL 32724		IN THIS SPA	CE	
			IN THIS SEE	ICE	
8 The above	e named entity submits this statement for the purpose of changing its re-	stered office or registere	ed agent, or both, in the State of Florida	a. I am familiar with, and accept	
ປ ປັນກິນຸຄ	ations of registered agent.				
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature required t	when reinstating)	DATE	
F D	iling Fee is \$50.00 ue by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS	*******************	C4	· · · · · · · · · · · · · · · · · · ·	
TITLE	MGR				
NAME	PATEL, KAMLESH				
STREET ADDRESS CITY-ST-ZIP	270 MARIESTA DR	, ,	חסחומון	אמרכסכו	
	BELAND, FL 32724	-	=03/1 ⁷ 4/ns-	263790 80107-023 50.00	
TITLE NAME	SHAH, KIRAN	. :		~~x~: 0cJ.30*00	
STREET ADDRESS	16408 CHERRY VALLEY CT		••		
CITY - ST-ZIP	GROVER, MO 63040	<u>.</u>			
TITLE	MGR	÷:			
NAME	DHARNA, ANIL				
STREET, ADDRESS CITY-ST-ZIP	1444 WELLINGTON VIEW LANE		DO NOT WR	ITF	
	WILDWOOD, MO 63005	· · · · · · · · · · · · · · · · · · ·	The second of the control of the con	- • • • • •	
TITLE NAME			IN THIS SPA	CE	
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	ertify that the information supplied with this filling does not qualify for the	everyntion stated in Section	on 110 07/3/6) Florida Statutas 1 feets	or partity that the information	
indicated (limited liab	on this report is true and accurate and that my signature shall have the solilly company or the receiver or trustee empowered to execute this report	rt as required by Chapter	de under oath; that I am a managing r 608, Florida Statutes.	member or manager of the	

3-1-05

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