2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# M03000003691

Entity Name: TRISTAR HOTELS GROUP, LLC

Current Principal Place of Business:

7785 WEST US HWY 192
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

7785 WEST US HWY 192
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 20-0329010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PATEL, KAMALESH
270 MARIESTA DR
BELAND, FL 32724 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PATEL, KAMLESH
Address: 270 MARIESTA DR
City-St-Zip: BELAND, FL 32724

Title: MGR ( ) Delete
Name: SHAH, KIRAN
Address: 16408 CHERRY VALLEY CT
City-St-Zip: GROVER, MO 63040

Title: MGR ( ) Delete
Name: DHARNA, ANIL
Address: 1444 WELLINGTON VIEW LANE
City-St-Zip: WILDWOOD, MO 63005

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KAMLESH PATEL MGR 05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date