


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000001751
 1. Entity Name
 MAYFAIR HOTEL GROUP, LLC



Principal Place of Business
 8609 W. BRYN MAWR STE. 209
 CHICAGO, IL 60631

Mailing Address
 8609 W. BRYN MAWR STE. 209
 CHICAGO, IL 60631

DO NOT WRITE IN THIS SPACE



07012005No Chg-LLC CR2E083 (10/03)

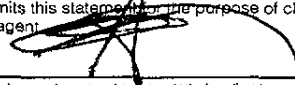
4. FEI Number 20-0991806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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:  (NOTE: Registered Agent signature required when reinstating)

DATE: 7/1/05

Filing Fee is \$50.00
Due by September 7, 2005

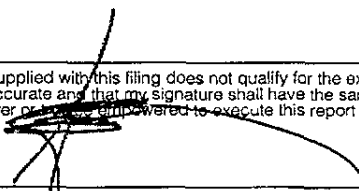
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FALOR, ROBERT 8609 W. BRYN MAWR STE. 209 CHICAGO, IL 60631
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 07/05/05-80014-002 50.00

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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:  (773) 380-4022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date: 7/1/05 Daytime Phone #