

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

01-27-2005 90078 036 ****50.00

DOCUMENT # M04000002386 1. Entity Name CARDEL HOSPITALITY, LLC					
Principal Place of Business C/O DRIFTWOOD VENTURES, INC. 1001 N. U.S. HWY. 1, SUITE 800 JUPITER, FL 33477			Mailing Address C/O DRIFTWOOD VENTURES, INC. 1001 N. U.S. HWY. 1, SUITE 800 JUPITER, FL 33477		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
4. FEI Number			Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WESSLER, ROBERT I 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>[Signature]</i> Vice President & Treasurer <i>[Signature]</i> DATE					
Filing Fee is \$50.00 Due by May 1, 2005					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ☐ Delete DRIFTWOOD HOSPITALITY MANAGEMENT, LLC 1001 N. U.S. HWY. 1, SUITE 800 JUPITER, FL 33477				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>[Signature]</i> Vice President & Treasurer <i>[Signature]</i> DATE 5/20/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					