

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90207 001 ***650.00

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**

30000290



01092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**WEISSLER, ROBERT I
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRIFTWOOD HOSPITALITY MANAGEMENT, LLC 1001 N. U.S. HWY. 1, SUITE 800 JUPITER, FL 33477
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lawrence Carbello* **Lawrence Carbello**

1-9-06 561-2072700

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

Date

Daytime Phone #