

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003665 1. Entity Name GUEST SERVICES MANAGEMENT, LLC	
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Principal Place of Business C/O GUEST SERVICES, INC. 3055 PROSPERITY AVE. FAIRFAX, VA 22031	Mailing Address C/O GUEST SERVICES, INC. 3055 PROSPERITY AVE. FAIRFAX, VA 22031
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DO NOT WRITE IN THIS SPACE

FILED
07 APR 26 PM 2:01
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



04062007No Chg-LLC CR2E083 (11/05)

4. FEI Number 32-0153761	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VERNER, DOUGLAS H 3055 PROSPERITY AVE. FAIRFAX, VA 22031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DR514</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Douglas H. Verner* DOUGLAS H. VERNER 4/10/2007 (903) 849-9363
SECRETARY Date Daytime Phone #

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