2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M94000000074

1. Entity Name

US HOSPITALITY VENTURES, LLC, L.C.



FILED

May 03, 2004 8:00 am Secretary of State

05-03-2004 90146 035 ****50.00

Principal Place of Business
2318 CROWN CENTRE DR., SUITE 100
CHARLOTTE, NC 28227 01

Mailing Address
2318 CROWN CENTRE DR., SUITE 100
CHARLOTTE, NC 28227 01

24064266

DO NOT WRITE IN THIS SPACE

03312004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

COLBERT, RICHARD ESQ 125 W. ROMANA STREET, SUITE 800 PENSACOLA, FL 32501 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	d Agent signature required when reinstating} DATE
	Filing Fee is \$50.00 Due by May 1; 2004	年間を記する。2017年 - 1 - 1 のはいする。2017年 - 1 では、1 では、1 では、1 では、1 できない。 - 1 では、1 では、1 では、1 では、1 では、1 では、1 では、1 では
9. TITLE VELLY NAME STREET ADDRESS CITY-ST-ZIP	TROUTMAN, WILLIAM H	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TROUTMAN, WILLIAM B s 4319 LINKS DR CHARLOTTE, NC 28277	
TITLE NAME STREET ADDRESS CITY-ST-2IP	s l	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s -	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s	
TITLE	5. 20.00	

11. Thereby 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 of 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 of the receiver or pustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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STREET ADDRESS

LUCILLWYA

SIGNATURE:

TEO NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1 30 0 1

<u> 704 849-938</u>0

Daytime Phone #