

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M94000000074**

1. Entity Name  
US HOSPITALITY VENTURES, LLC, L.C.



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

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



07142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-1883399

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
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 Agent signature required when reinstating)

DATE

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

U000000374846  
07/28/05-80006-005 100.00  
50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	TROUTMAN, WILLIAM H
STREET ADDRESS	12109 LANDING GREEN DR
CITY-ST-ZIP	CHARLOTTE, NC 28277
TITLE	MGRM
NAME	TROUTMAN, WILLIAM B
STREET ADDRESS	4319 LINKS DR
CITY-ST-ZIP	CHARLOTTE, NC 28277
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

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

W. H. Troutman 7/22/05 704-849-9380

Date

Daytime Phone #