

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90061 031 ****50.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-1883399	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLBERT, RICHARD ESQ 125 W. ROMANA STREET, SUITE 800 PENSACOLA, FL 32501			Name Street Address (P.O. Box Number is Not Acceptable) City		
COLBERT, RICHARD ESQ 125 W. ROMANA STREET, SUITE 800 PENSACOLA, FL 32501			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TROUTMAN, WILLIAM H 12109 LANDING GREEN DR CHARLOTTE, NC 28277		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Troutman, William B 6247 Glynmoor Lakes Drive Charlotte, N. C. 28277	
Delete	Delete		Change Addition	Change Addition	
Delete	Delete		Change Addition	Change Addition	
Delete	Delete		Change Addition	Change Addition	
Delete	Delete		Change Addition	Change Addition	
Delete	Delete		Change Addition	Change Addition	
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: _____			Date: 4-28-06 704-849-9380		
William H. Troutman					