


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90012 038 ****50.00

DOCUMENT # M96000000428		
1. Entity Name KITCHIN HOSPITALITY, LLC		

CU001163



Principal Place of Business 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 30346-1603	Mailing Address 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 30346-1603
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2. Principal Place of Business 41 PERIMETER CENTER EAST Suite, Apt. #, etc. SUITE 400 City & State ATLANTA, GA Zip 30346 Country	3. Mailing Address 41 PERIMETER CENTER EAST Suite, Apt. #, etc. SUITE 400 City & State ATLANTA, GA Zip 30346 Country
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01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 58-2232659	Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KITCHIN, THOMAS W 8 PERIMETER CENTER EAST, SUITE 8050 ATLANTA, GA 303461603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 PERIMETER CENTER EAST, STE. 400 ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KITCHIN, CRAIG R 8 PERIMETER CENTER EAST ATLANTA, GA 303461603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 PERIMETER CENTER EAST, STE. 400 ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURLEE, STEVEN A 8 PERIMETER CARTER EAST ATLANTA, GA 303461603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 PERIMETER CENTER EAST, STE. 400 ATLANTA, GA 30346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

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

Steven A Curlee

Date

1/4/06

Daytime Phone #

770 776 5210