2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9600000428

1. Entity Name

KITCHIN HOSPITALITY, LLC



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90006 021 ****50.00

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Principal Place	e of Busines:	\$	l	Mailing Address						.				
8 PERIMETER CENTER EAST, SUITE 8050				8 PERIMETER CENTER EAST. SUITE 8050										
ATLANTA GA 30346-1603				ATLANTA GA 30346-1603										
							•							
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State				City & State				4. FEI Number 58-2232659				-	pplied For lot Applicable	
Zip	Country			Zip ·	try		5. Certificate of Status Desired Fee F					00 Additional Required		
	6. Name	and Address of Curre	nt Reg	istered Agent		7. Name and Address of New Registered Agent								
CT	CORPORAT	ION SYSTEM				Name								
		SLAND ROAD		<u> </u>			Street Address (P.O. Box Number is Not Acceptable)							
	NTATION F													
						City					FL	Zip Co	de	
O The share	nomed anti-	/ pubmits this statement	for the	purpose of changing its	ragistar	ed office o	r ranietar	and ament or h	oth in the S	State of Flor		amiliar with	and accept	
	named entity ions of regist		. ioi liie	purpose or changing its	register	ou onlog U	cgisidii	so agont, or b	oar, ar uid t	01 1 101	- Grand Carrier	American Triu	, accopt	
SIGNATURE														
	Signature, typed	or printed name of registered age	ent and tit	te if applicable. (NOT	E: Registere	d Agent signat	ture required	when reinstating)			DATE	<u></u>		
				FILE N	1!!!WC	FEE IS \$	50.00							
'n				Make Check Payab	ie to Fl	orida De	partmer	nt of State						
				Du	e By Ma	ay 1, 200	3							
9.		MANAGING MEM	BERS/	MANAGERS	10.				ΑC	DITIONS/	CHANGES			
TITLE	MGRM			☐ Delete	TITL	E	er 💮					☐ Change	☐ Addition	
NAME		THOMAS W	A		NAM									
STREET ADDRESS	,	ETER CENTER EAST,	SUII	E 8050	EET ADDRESS									
CITY-ST-ZIP		GA 30346-1603		Brown .	_	-ST-ZIP							SET A LINE	
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City-St-Zip					CITY	-ST-ZIP	AH	lanta,	GA	303	46-16	<u>.03</u>		
TITLE				☐ Delete	TITL	E		,				☐ Change	☐ Addition	
NAME					NAM									
STREET ADDRESS						EET ADDRESS								
City-St-Zip					-	-ST-ZIP	 					—		
TITLE				☐ Delete	TITLI							☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM	ET ADDRESS								
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP								
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CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·		-ST-ZIP								
11 I hereby o	ertify that th	e information supplied v	vith this	filing does not qualify to	r the exe	mption sta	ted in Se	ction 119.07(3	3)(i). Florida	Statutes, I	further cer	tify that the	information	

Insert of the information supplied with this litting does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Hurther 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 erypowered 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

2/4/03

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