

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000002100

Entity Name: ORDEVCO HOTEL, LLC

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

## New Principal Place of Business:

1691 MICHIGAN AVE.  
215  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

## New Mailing Address:

1691 MICHIGAN AVE.  
215  
MIAMI BEACH, FL 33139 US

FEI Number: 74-2937413      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

RYAN, MICHAEL A  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32802 US

## Name and Address of New Registered Agent:

SRIKANTHAN, KETHESPARAN  
1691 MICHIGAN AVE  
215  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: KS

05/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SRIKANTHAN, KETHESPARAN  
Address: 1000 SOUTH POINTE DRIVE # 1503  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SRIKANTHAN, KETHESPARAN  
Address: 1691 MICHIGAN AVE, SUITE 215  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KS

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date