2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 21, 2005 08:00 AM DOCUMENT # P03000011547 **Secretary of State** 1. Entity Name SEBASTIAN HOTEL INVESTMENT, INC. Principal Place of Business. Mailing Address 1655 US HWY #1 3232 SW 138TH WAY SEBASTIAN, FL 32958 US DAVIE, FL 33330 US 02072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 32-0057260 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PATEL, SANJAYKUMAR J DO NOT WRITE 3232 SW 138TH WAY **DAVIE, FL 33330** -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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE U00000238854 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 02/22/05-80015-020 15D.M Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PATEL, SANJAYKUMAR J NAME STREET ADDRESS 3232 SW 138TH WAY CITY-ST-7/P **DAVIE, FL 33330** TITLE NAME PATEL, SADMANA STREET ADDRESS 3232 SW 138TH WAY CITY-ST-ZIP **DAVIE, FL 33330** TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with madeless, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP