


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90130 028 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P97000098910</b>                        |  |
| 1. Entity Name<br>JHM FLORIDA HOTELS MANAGEMENT, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>14 E. WASHINGTON ST<br>STE 600<br>ORLANDO, FL 32801 | Mailing Address<br>P.O. BOX 8375<br>GREENVILLE, SC 29604 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><i>100 Pointe Creek</i> | 3. Mailing Address<br><i>100 Pointe Creek</i> |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.                           |

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><i>Greenville, SC</i> | City & State<br><i>Greenville, SC</i> |
| Zip<br><i>29615</i>                   | Country                               |
| Zip<br><i>29615</i>                   | Country                               |

02272006 Chg-P CR2E034 (11/05)

4. FEI Number  
58-2355643

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>CUIOTTO, DONALD<br>14 E. WASHINGTON ST<br>STE 600<br>ORLANDO, FL 32801 |  |
|---|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>RAMA, J P <input type="checkbox"/> Delete<br>880 S PLEASANTBURG DRIVE SUITE 3-G<br>GREENVILLE, SC 29607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DC<br>RAMA, H P <input type="checkbox"/> Delete<br>880 S PLEASANTBURG DRIVE SUITE 3-G<br>GREENVILLE, SC 29607  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>RAMA, M P <input type="checkbox"/> Delete<br>880 S PLEASANTBURG DRIVE SUITE 3-G<br>GREENVILLE, SC 29607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>RAMA, D P <input type="checkbox"/> Delete<br>880 S PLEASANTBURG DRIVE SUITE 3-G<br>GREENVILLE, SC 29607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>RAMA, R P <input type="checkbox"/> Delete<br>880 S PLEASANTBURG DRIVE SUITE 3-G<br>GREENVILLE, SC 29607 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>RAMA, D J <input type="checkbox"/> Delete<br>880 S PLEASANTBURG DRIVE SUITE 3-G<br>GREENVILLE, SC 29607  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 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 trustee 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 an address, with all other like empowered.

SIGNATURE: *Caran P. Rae* 03/06/06 864 232 9944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #