


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000025278 1. Entity Name SOUTHERN HOSPITALITY PARTNERS, INC.	
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Principal Place of Business 100 S. BIRCH RD. #2605 FT. LAUDERDALE, FL 33316-1549	Mailing Address 100 S. BIRCH RD. #2605 FT. LAUDERDALE, FL 33316-1549
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07212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0900040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRANTLEY, JAMES A P 100 S. BIRCH RD. #2605 FT. LAUDERDALE, FL 33316-1549
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DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANTLEY, J A 100 S. BIRCH RD. FT. LAUDERDALE, FL 333161549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GABRIELE, FIORITI 3887 PLAZA DR FAIRFAX, VA 22030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BRANTLEY, JILL 3887 PLAZA DR FAIRFAX, VA 22030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRANTLEY, JILL 3887 PLAZA DR FAIRFAX, VA 22030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000375290 08/12/05-80004-002 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/05 951-763-7275
Date Daytime Phone #