


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000009099**

1. Entity Name  
 H DOUBLE OT OF FLORIDA, LC



Principal Place of Business 799 BRICKELL PLAZA, STE 700 MIAMI, FL 33131 US	Mailing Address 799 BRICKELL PLAZA, STE 700 MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**



02152008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-1037946	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLESINGER, MICHAEL J  
 799 BRICKELL PLAZA, STE 700  
 MIAMI, FL 33131

**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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLESINGER, MICHAEL J 799 BRICKELL PLAZA, STE 700 MIAMI, FL 33131
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 03/26/08 80083-005 138.75

11. 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 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael J. Schlesinger 3/5/2008 (305) 373-8993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**Michael J. Schlesinger**