

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000009099

**FILED  
May 01, 2012  
Secretary of State**

**Entity Name:** H DOUBLE OT OF FLORIDA, LC

**Current Principal Place of Business:**

799 BRICKELL PLAZA, STE 700  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

799 BRICKELL PLAZA, STE 700  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 65-1037946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: PD  
Name: SCHLESINGER, MICHAEL J  
Address: 799 BRICKELL PLAZA, STE 700  
City-St-Zip: MIAMI, FL 33131 US

I hereby 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: MICHAEL J SCHLESINGER      PD      05/01/2012

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