

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008532

FILED
Jan 04, 2006
Secretary of State

Entity Name: STARWOOD PARTNERS, LLC

Current Principal Place of Business:

11767 BAYFIELD DRIVE
BOCA RATON, FL 33498 US

New Principal Place of Business:

P.O. BOX 2972
HALLANDALE, FL 33008 US

Current Mailing Address:

11767 BAYFIELD DRIVE
BOCA RATON, FL 33498 US

New Mailing Address:

P.O. BOX 2972
HALLANDALE, FL 33008 US

FEI Number: 04-3691340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLEY, MICHAEL R
2000 GLADES ROAD
SUITE 306
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SMOLER, BRUCE J
2611 HOLLYWOOD BOULEVARD
HOLLYWOOD, FL 33020 US

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: BRUCE J. SMOLER

01/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PERSAUD, KRISHNA
Address: 11767 BAYFIELD DRIVE
City-St-Zip: BOCA RATON, FL 33498 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEHABER, EYAL
Address: P.O. BOX 2972
City-St-Zip: HALLANDALE, FL 33008 US

Title: MGRM () Change (X) Addition
Name: MEHABER, FELICE
Address: P.O. BOX 2972
City-St-Zip: HALLANDALE, FL 33008

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: EYAL MEHABER

MGRM

01/04/2006

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