

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000008663
 1. Entity Name
 DOUBLETREE LLC



Principal Place of Business
 13399 DOUBLETREE CIRCLE
 WELLINGTON, FL 33414

Mailing Address
 13399 DOUBLETREE CIRCLE
 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE



03052008No Chg-LLC CR2E083 (12/07)

4. FEI Number
 20-0735869

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YZAGUIRRE, ANDRES
 13399 DOUBLETREE CIRCLE
 WELLINGTON, FL 33414

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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 *[Signature]* DATE *3/21/2008*

Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$158.75
After May 1, 2008 Fee will be \$338.75

000000875575
 04/11/08-80039-002 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	YZAGUIRRE, SHARON
STREET ADDRESS	13399 DOUBLETREE CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	MGRM
NAME	YZAGUIRRE, ANDRES
STREET ADDRESS	13399 DOUBLETREE CIRCLE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 *[Signature]* *Andres Yzaguirre* *3/21/2008* *561-351-8678*

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