

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000027967

**FILED**  
**Jan 06, 2006**  
**Secretary of State**

**Entity Name:** RIPTIDE HOTEL LLC

**Current Principal Place of Business:**

2300 NORTH SURF ROAD  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1900 OKEECHOBEE BLVD  
SUITE C-8  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 32-0113702      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

GOLDSTEIN, GARY A  
1900 OKEECHOBEE BLVD  
SUITE C-8  
WEST PALM BEACH, FL 33409 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: MGR      ( ) Delete  
Name: GOLDSTEIN, GARY A  
Address: 1900 OKEECHOBEE BLVD SUITE C8  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR      ( ) Delete  
Name: THOMSON, SCOTT  
Address: 1900 OKEECHOBEE BLVD SUITE C8  
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GARY A GOLDSTEIN

MGR

01/06/2006

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