

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90376 002 ****50.00

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DOCUMENT # L99000003345			
1. Entity Name HOTEL / RETAIL INVESTMENTS, L.L.C.			
Principal Place of Business 2573 MAYFAIR LANE WESTON, FL 33327		Mailing Address 2573 MAYFAIR LANE WESTON, FL 33327	
2. Principal Place of Business 2201 N. Commerce Pkwy Suite, Apt. #, etc.		3. Mailing Address 2201 N. Commerce Pkwy Suite, Apt. #, etc.	
City & State Weston, FL		City & State Weston, FL	
Zip 33326	Country USA	Zip 33326	Country USA
6. Name and Address of Current Registered Agent ALVARO, CORREA 2573 MAYFAIR LANE WESTON, FL 33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORREA, ALVARO E 2573 MAYFAIR LANE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2201 N. Commerce Pkwy Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Alvaro Correa - MGRM</u>		Date: <u>5-17-05</u> Daytime Phone #: <u>954-659-8901</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			