2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Aug 04, 2006 8:00 am
Secretary of State
08-04-2006 90085 047 ****50.00

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1. Entity Name
ALLURE HOTELS & RESORTS, L.L.C.

Principal Place of Business	Mailing Address
2929 SW 3RD AVENUE, SUITE 220 MIAMI, FL 33143	2929 SW 3RD AVENUE, SUITE 220 MIAMI, FL 33143

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 01-0743263 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOMAS, GERALDYNE 2929 SW 3 AVENUE #220 MIAMI, FL 33129	Name CSC Corporations Services Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes Street City Tallahassee FL Zip Code 32301

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] Ass. VP 7/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EIGER, INC. 500 CRESCENT COURT DALLAS, TX 75201	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3401 Armstrong Avenue Dallas, Texas 75205-3949	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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.

BY: Eiger, Inc., By: David M. Jacobs, Executive Vice President

SIGNATURE: David M Jacobs 7/21/2006 (214/443-1987)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #