

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0067756

DOCUMENT # Z00301

1. Entity Name  
**CARNICON-VENEZUELA HOTEL CONSULTANTS, L.C.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JAN 31 PM 1:00

*W 2/5*

Principal Place of Business  
**1950 STEMMONS FREEWAY, SUITE 6001  
DALLAS TX 75207**

Mailing Address  
**1950 STEMMONS FREEWAY, SUITE 6001  
DALLAS TX 75207**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0252096**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**PELTZ, ARVIN, ESQ.  
3250 MARY ST.  
SUITE 500  
MIAMI FL 33133**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHC HOTELS &amp; RESORTS, CORP. 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CARNICON HOLDINGS CORP. 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR KLEISNER, FRED 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TANG, TED 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SMITH, RICK 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HENDRICK, JUDY 1950 STEMMONS FREEWAY, SUITE 6001 DALLAS TX 75207</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500011597765 01/31/03--01079--004 **50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Judy Hendrick* Treasurer 1-24-03 214 863 1059  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)