


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90153 019 ****55.00

DOCUMENT # L06000077146					
1. Entity Name THE HOTEL OF COLLINS AVENUE, LLC					
Principal Place of Business 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139			Mailing Address 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5335083	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINSON, EDWARD E ESQ. 407 LINCOLN ROAD, PS-SE MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name: <u>COURTNEY, MARLO</u> Street Address (P.O. Box Number is Not Acceptable): <u>804 OCEAN DRIVE - 2ND FLOOR</u> City: <u>MIAMI BEACH</u> FL <u>33139</u>			
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 May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, R. ANTHONY 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, R. ANTHONY 804 OCEAN DRIVE, 2ND FLOOR MIAMI BEACH, FL 33139	<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 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: _____			4-4-07 305-531-4411		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		