

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053556

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: L T HOTELS, LLC

**Current Principal Place of Business:**

C/O LOPEZ & PARTNERS LLC  
2600 DOUGLAS ROAD, SUITE 811  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LOPEZ & PARTNERS LLC  
2600 DOUGLAS ROAD, SUITE 811  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

LOPEZ, VALENTIN  
C/O LOPEZ & PARTNERS LLC  
2600 DOUGLAS ROAD, SUITE 811  
CORAL GABLES, FL 33134 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: COLOMBO, ANNAMARIA  
Address: VIA PALESTRINA, ZIP CODE 20124  
City-St-Zip: MILANO, ITALY, XX

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: ANNA MARIA COLOMBO                      MGR                      02/03/2009

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