

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000000578

**Entity Name:** CITY CENTER HOTEL GROUP, LTD.

**Current Principal Place of Business:**

50 S.W. 12 STREET  
6TH FLOOR  
MIAMI, FL 33130

**Current Mailing Address:**

50 S.W. 12 STREET  
6TH FLOOR  
MIAMI, FL 33130

**FEI Number:** 59-3639110

**Certificate of Status Desired:** No

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

STARKMAN, MARK R  
1500 SAN REMO AVENUE, SUITE 125  
CORAL GABLES, FL 33146 US

*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

**General Partner Detail :**

Document # 218831  
Name HOSPITALITY OPERATIONS, INC.  
Address 50 S.W. 12 STREET, 6TH FLOOR  
City-State-Zip: MIAMI FL 33130

*I hereby certify that the information indicated on this report or supplemental 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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BERNARD WOLFSON

PRESIDENT TO HOSP.  
OPERATIONS, GENERAL  
PARTNER

01/14/2014

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date

