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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFF KRINSKY

Electronic Signature of Signing Authorized Person(s) Detail

04/09/2018 AUTHORIZED SIGNATOR

Current Mailing Address:	

Name and Address of Current Registered Agent:

PANTHER MANAGEMENT SERVICES, LLC 333 SOUTH MIAMI AVE STE 150 MIAMI, FL 33130 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

Authorized Person(s) Detail :

Title AMBR Title AMBR		
Name PCM-CHP, LLC Name AVENUE HOSPITALITY ASSOCIA	ATES,	
Address 333 S MIAMI AVE STE 150 LLC Address 16701 COLLINS AVE	16701 COLLINS AVE	
City-State-Zip: MIAMI FL 33130		
City-State-Zip: SUNNY ISLES BEACH FL 33160)	

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000098240

Entity Name: CARMICHAEL HOSPITALITY PARTNERS, LLC

Current Principal Place of Business:

C/O PANTHER MANAGEMENT SERVICES, LLC 333 S MIAMI AVE STE 150 MIAMI EL 33130

C/O PANTHER MANAGEMENT SERVICES, LLC 333 S MIAMI AVE STE 150 MIAMI, FL 33130

FEI Number: 61-1769690

Certificate of Status Desired: No

FILED Apr 09, 2018 Secretary of State CC0324739154

Date

Date