

919280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

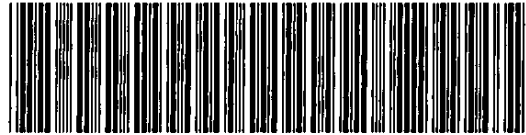
(Document Number)

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7 classes  
350.00 for filing

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

07 OCT -2 PM 11:08

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ASSIGNMENT

919280



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2007

BASSAM N. IBRAHIM, ESQUIRE  
BUCHANAN INGERSOLL & ROONEY PC  
P.O. BOX 1404  
ALEXANDRIA, VA 22313-1404

SUBJECT: HOTEL FONTAINEBLEAU & DESIGN  
Ref. Number: 919280

We have received your document for HOTEL FONTAINEBLEAU & DESIGN and your check(s) totaling \$50.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$300.00.

The fee(s) due in accordance with section 495.191, F.S., is/are as follows: 1.) Application filing fee: \$87.50 per class; (2) Renewal application fee: \$87.50 per class; (3) Assignment filing fee: \$50 per class; (4) Certificate of name change filing fee: \$50; (5) Voluntary cancellation filing fee: \$50; (6) Certificate of registration under seal: \$8.75; and (7) Certified copy of application file: \$52.50.

This mark is registered in seven (7) classes.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 707A00029008

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOTEL FONTAINEBLEU & Design

(Name of Mark to be assigned)

Dear Sir or Madam:

The enclosed Mark Assignment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bassam N. Ibrahim

(Name of Person)

Buchanan Ingersoll & Rooney PC

(Firm/Company)

P.O. Box 1404

(Address)

Alexandria, Virginia 22313-1404

(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald B. Coxe at ( 703 ) 838-6552

(Name of Person)

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILING FEE: \$50 per class**

**ASSIGNMENT OF MARK REGISTRATION**

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The mark to be assigned is: HOTEL FONTAINEBLEU & DESIGN

2. Registration Number: 919280

3. (a) Assignor's name: Hotelerama Associates, Ltd.

(b) Assignor's Business Address: 4441 Collins Ave., Suite 452-456

Miami Beach, Florida 33140

City/State/Zip

If Different, Assignor's Mailing Address: \_\_\_\_\_

City/State/Zip

4. (a) Assignee's name: Fontainebleau Resort Properties II, LLC

(b) Assignee's Business Address: 2827 Paradise Road

Las Vegas, Nevada 89109

City/State/Zip

If Different, Assignee's Mailing Address: \_\_\_\_\_

City/State/Zip

(c) Assignee's telephone number: (\_\_\_\_\_) \_\_\_\_\_

Individual       Corporation       Joint Venture       Limited Liability Company

General Partnership       Limited Partnership       Union       Other: \_\_\_\_\_

If other than an individual,

(1) Florida registration/ document number: M05000003802 ✓ (2) Domicile State: DE

(3) Federal Employer Identification Number: 202430079

5. All right, title and interest in and to said mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of and symbolized by the mark) is hereby

assigned by Hotelerama Associates, Ltd. to Fontainebleau Resort Properties II, LLC  
(the Assignor) (the Assignee)

6. Assignor's Signature: [Signature]

By MELANIE MUSS  
(Typed or Printed Name of Person Signing Above)

On this 23 day of MARCH 2007, MELANIE MUSS personally appeared before me,

who is personally known to me  whose identity I proved on the basis of \_\_\_\_\_

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TALLAHASSEE FLORIDA



Meryl E. Sobel  
Signature of Notary Public

7. Assignee's Signature: [Signature]

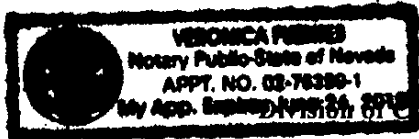
By Glenn Schaeffer  
(Typed or Printed Name of Person Signing Above)

On this 29<sup>th</sup> day of March 2007, Glenn Schaeffer personally appeared before me,

who is personally known to me  whose identity I proved on the basis of \_\_\_\_\_

(Notary Seal)

Veronica Fuentes  
Signature of Notary Public



FILING FEE: \$50 per class  
P. O. Box 6327 Tallahassee, FL 32314