


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000003075	
1. Entity Name LOEWS MIAMI BEACH HOTEL OPERATING COMPANY, INC.	

Principal Place of Business % LOEWS HOTELS, INC. 667 MADISON AVE. NEW YORK, NY 10021	Mailing Address 655 MADISON AVENUE TAX DEPT./ 14TH FLR. NEW YORK, NY 10021-8043 US
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DO NOT WRITE IN THIS SPACE



03262007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0696425	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECKER, SUSAN T 655 MADISON AVE., 5TH FLOOR NEW YORK, NY 100218043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TISCH, JONATHAN M % LOEWS HOTELS, INC., 667 MADISON AVE. NEW YORK, NY 100218087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZARIN, GLENN P 667 MADISON AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARSON, GARY W 667 MADISON AVE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNY, JOHN 655 MADISON AVENUE NEW YORK, NY 100218043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DESMOND, DENIS R 655 MADISON AVE., 5TH FLOOR NEW YORK, NY 100218043

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04/17/07-80086-005 150.00

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DESMOND, DENIS R.** **3/29/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #