

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90358 024 ****50.00

DOCUMENT # L00000005264

1. Entity Name
PADC HOTEL LLC



Principal Place of Business
**550 BILTMORE WAY
SUITE 970
CORAL GABLES, FL 33134**

Mailing Address
**550 BILTMORE WAY
SUITE 970
CORAL GABLES, FL 33134**

40074921



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
65-1012057

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOFFMAN, STUART K
1111 BRICKELL AVE
SUITE 2500
MIAMI, FL 33131**

Name
M + W AGENTS, INC
Street Address (P.O. Box Number is Not Acceptable)
2101 CORPORATE BLVD #107
City
BOCA RATON FL Zip Code
33431

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 *Donald A. Tescher* **DONALD A. TESCHER, PRESIDENT** DATE **4/17/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PEEBLES ATLANTIC DEV. CORP.
550 BILTMORE WAY #970
CORAL GABLES, FL 33134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**M M
THE PEEBLES CORPORATION
550 BILTMORE WAY, STE 970
CORAL GABLES, FL 33134** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PEEBLES, R. DONAHUE
550 BILTMORE WAY #970
CORAL GABLES, FL 33134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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11. 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 is true and accurate and that my 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: *Judith Gaskell* **JUDITH GASKELL** DESIGNATION **REPRESENTATIVE** DATE **4/12/07** DAYTIME PHONE # **(305) 442-4342**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE