

FILED
Sep 22, 2003 8:00 am
Secretary of State

05-05-2003 90692 033 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005264			
1. Entity Name PADC HOTEL LLC			
Principal Place of Business 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131		Mailing Address 701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131	
2. Principal Place of Business 550 Biltmore Way Suite, Apt. #, etc. Suite 970 City & State Coral Gables, Fl. Zip 33134		3. Mailing Address 550 Biltmore Way Suite, Apt. #, etc. Suite 970 City & State Coral Gables, Fl. Zip 33134	
4. FEI Number 65-1012057		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HOFFMAN, STUART K 1111 BRICKELL AVE SUITE 2500 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when appointing) DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR PEEBLES ATLANTIC DEV. CORP. 701 BRICKELL AVE, #3000 MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER Peebles Atlantic DeveCorp. 550 Biltmore Way, #970 Coral Gables, Florida 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR PEEBLES, R. DONAHUE 701 BRICKELL AVE, #3000 MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER Peebles, R. Donahue 550 Biltmore Way, #970 Coral Gables, Florida 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 606, Florida Statutes.			
SIGNATURE: SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			

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☐ CHECK HERE IF MAKING CHANGES

CP20083 (10/02)