

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 01, 2010  
Secretary of State**

DOCUMENT# L00000009099

Entity Name: H DOUBLE OT OF FLORIDA, LC

**Current Principal Place of Business:**

799 BRICKELL PLAZA, STE 700  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

799 BRICKELL PLAZA, STE 700  
MIAMI, FL 33131 US

**New Mailing Address:**

FEI Number: 65-1037946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SCHLESINGER, MICHAEL J  
799 BRICKELL PLAZA, STE 700  
MIAMI, FL 33131 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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: PD  
Name: SCHLESINGER, MICHAEL J  
Address: 799 BRICKELL PLAZA, STE 700  
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL J SCHLESINGER

PD

05/01/2010

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Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date