FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90580 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004530

1. Entity Name
HOTEL GUADALUPE, L.L.C.

Principal Place of Business	Mailing Address
8308 NW 30TH TERRACE MIAMI, FL 33122	8308 NW 30TH TERRACE MIAMI, FL 33122

2. Principal Place of Business		3. Mailing Address	
717 PONCE DE LEON BLVD		717 PONCE DE LEON BLVD	
Suite, Apt. #, etc. STE 234		Suite, Apt. #, etc. STE 234	
City & State CORAL GABLES FL		City & State CORAL GABLES FL	
Zip 33134	Country USA	Zip 33134	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1090171 — Applied For / Not Applicable

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
CUEVAS, ANDREW ESQ. 536 BILTMORE WAY CORAL GABLES, FL 33134	Name FRANK R.S. FABRE Street Address (P.O. Box Number is Not Acceptable) 717 PONCE DE LEON BLVD STE 234 City CORAL GABLE FL Zip Code 33134

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] DATE 1/28/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM HOTEL, GUADALUPE CA 8308 NW 30TH TERRACE MIAMI, FL 33122	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOTEL GUADALUPE CA 717 PONCE DE LEON BLVD STE 234 CORAL GABLE FL 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
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

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 1/28/2003 (305)3758022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #