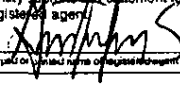
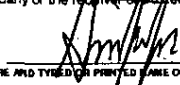


FILED
May 02, 2003 8:00 am
Secretary of State

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 8308 NW 30TH TERRACE MIAMI, FL 33122		Mailing Address 8308 NW 30TH TERRACE MIAMI, FL 33122	
2. Principal Place of Business 717 PONCE DE LEON BLVD		3. Mailing Address 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	
4. FEI Number 65-1090171		☒ CHECK HERE IF MAKING CHANGES	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		☐ Not Applicable	
6. Name and Address of Current Registered Agent CUEVAS, ANDREW ESQ. 636 BILTMORE WAY CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent FRANK R.S. FABRE 717 PONCE DE LEON BLVD STE 234 CORAL GABLE FL 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 		Date 1/28/2003	
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 MGRM		TITLE MGRM	
NAME HOTEL, GUADALUPE CA		NAME HOTEL GUADALUPE CA	
STREET ADDRESS 8308 NW 30TH TERRACE		STREET ADDRESS 717 PONCE DE LEON BLVD STE 234	
CITY-ST-ZIP MIAMI, FL 33122		CITY-ST-ZIP CORAL GABLE FL 33134	
☒ Delete		☒ Change ☒ Addition	
TITLE 		TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
☐ Delete		☐ Change ☐ Addition	
TITLE 		TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
☐ Delete		☐ Change ☐ Addition	
TITLE 		TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
☐ Delete		☐ 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)(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 authorized employee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		Date 1/28/2003 (305) 3758022	