
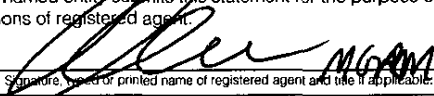
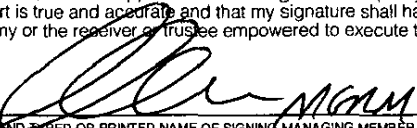


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90014 043 ****50.00

DOCUMENT # L01000012671 1. Entity Name BARCELONA HOTEL, LLC			
Principal Place of Business 500 15TH STREET #ONE MIAMI BEACH FL 33139		Mailing Address 500 15TH STREET #ONE MIAMI BEACH FL 33139	
2. Principal Place of Business 403 NE 23rd ST		3. Mailing Address 403 NE 23rd ST	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33137		Zip 33137	
Country 		Country 	
6. Name and Address of Current Registered Agent REGENTS PARK PROPERTY, INC 500 15TH STREET #ONE MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name REGENTS PARK INVESTMENTS LLC Street Address (P.O. Box Number is Not Acceptable) 403 NE 23rd ST. City MIAMI FL 33137	
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  MGRM MALLORY KAUDERER 4/20/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUDERER, MALLORY 500 15TH STREET #1 MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUDERER, MALLORY 403 NE 23rd ST. MIAMI FL 33137
<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  MGRM MALLORY KAUDERER		Date 4/20/04 Daytime Phone # 305 573-3399	