04/28/2003 14:32 3055380008 NEW RIVIERA

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May 01, 2003 8:00 am
Secretary of State
05-01-2003 90275 040 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012671

1. Entity Name
BARCELONA HOTEL, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
500 15TH ST.	500 15TH ST
Suite, Apt. #, etc. # ONE	Suite, Apt. #, etc. # ONE
City & State MIAMI BEACH FL.	City & State MIAMI BEACH FL
Zip 33139 Country	Zip 33139 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1137675 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: REGENTS PARK PROPERTY INC.

Street Address (P.O. Box Number is Not Acceptable)
500 15TH ST. # ONE

City: MIAMI BEACH FL Zip Code: 33139

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
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $60.00
Make Check Payable to Florida Department of State
DUE BY 5PM

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGING MEMBER
NAME	MALLORY KAUDERER
STREET ADDRESS	500 15TH ST #ONE
CITY-ST-ZIP	MIAMI BEACH, FL. 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: _____ MANAGING MEMBER 4/28/03 305-532-1975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #