


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000013845

1. Entity Name
DC HOTELS, L.L.C.



Principal Place of Business Mailing Address

9090 SOUTH DADELAND BOULEVARD **9090 SOUTH DADELAND BOULEVARD**
MIAMI, FL 33156 **MIAMI, FL 33156**

DO NOT WRITE IN THIS SPACE



07252005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1147417	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLAS, RICARDO
9090 SOUTH DADELAND BOULEVARD
MIAMI, FL 33156

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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____


Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLAS, RICARDO 9090 S. DADELAND BLVD. -SUITE 210 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PULENTA, LUIS A 9090 S. DADELAND BLVD. -SUITE 210 MIAMI, FL 33156
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 07/29/05-80006-001 55.00

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:  **7/25/05**

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