

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022546

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** DESERT INN HOTEL MANAGEMENT, LLC

**Current Principal Place of Business:**

1550 MADRUGA AVENUE KENDAR BLD.  
SUITE 204  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

1550 MADRUGA AVENUE KENDAR BLD.  
SUITE 320  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

1550 MADRUGA AVENUE KENDAR BLD.  
SUITE 204  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

1550 MADRUGA AVENUE KENDAR BLD.  
SUITE 320  
CORAL GABLES, FL 33146 US

**FEI Number:** 56-2290725

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RISE TAXES AND CREDIT SOLUTIONS  
8245 NW 36 ST  
SUITE 6  
DORAL, FL 33166 US

**Name and Address of New Registered Agent:**

RISE TAXES AND CREDIT SOLUTIONS  
8249 NW 36 ST  
SUITE 104  
DORAL, FL 33166 US

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.

SIGNATURE: \_\_\_\_\_

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FACIOLINCE, JEANNETTE  
Address: 1550 MADRUGA AVENUE KENDAR BLD.  
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JEANNETTE FACIOLINCE

MGR

04/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date