2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90067 015 ****50.00

DOCUMENT # L03000000499

1. Entity Name
FORT LAUDERDALE AIRPORT HOTELS, LLC

Principal Place of Business	Mailing Address
18450 NE 30TH PLACE AVENTURA, FL 33160 US	18450 NE 30TH PLACE AVENTURA, FL 33160 US

04242004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2275 State Rd 84	
Suite, Apt. #, etc. Executive office	Suite, Apt. #, etc.
City & State Ft. Lauderdale, FL	City & State
Zip 33312 Country USA	Zip Country

4. FEI Number 810590417 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUPRASKI, LOUIS A ESQ.
2450 NE MIAMI GARDENS DRIVE
SECOND FLOOR
NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent

Name David Katz
Street Address (P.O. Box Number is Not Acceptable) 18450 NE 30th Place
City Aventura FL Zip Code 33160

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 [signature] Managing Member 4-26-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 KATZ, DAVID D 18450 NE 30TH PLACE AVENTURA, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPSTEIN, MICHAEL H 18450 NE 30TH PLACE AVENTURA, FL 33160	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPSTEIN, MICHAEL H 1980 S. OCEAN DRIVE, 14G HALLANDALE BEACH, FL 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Michael Epstein 4/26/04 954-584-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #