
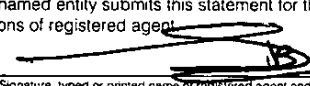
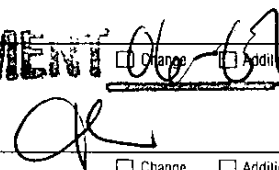
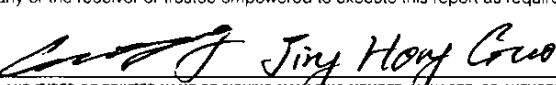


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000016499					
1. Entity Name HOTELSAB LIDO EMPLOYEES, LLC					
Principal Place of Business 40 ISLAND AVENUE MIAMI BEACH, FL 33139			Mailing Address 295 LAFAYETTE STREET SUITE 708 NEW YORK, NY 10012		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 27-0058972	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 			6/4/07 DATE		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALAZS, ANDRE T CCEO 295 LAFAYETTE STREET, SUITE 708 NEW YORK, NY 10012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600104457106 08/18/07--01003--008 **200.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZOBLER, ANDREW E EVP 295 LAFAYETTE STREET, SUITE 708 NEW YORK, NY 10012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAWSON, MICHAEL A SVP 295 LAFAYETTE STREET, SUITE 708 NEW YORK, NY 10012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIFFIN, ROBERTA VP,CFO 295 LAFAYETTE STREET, SUITE 708 NEW YORK, NY 10012	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMINE VANTUGHIAN 295 LAFAYETTE ST., SUITE 708 NEW YORK, NY 10012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JIM MCPARTLIN 295 LAFAYETTE ST., SUITE 708 NEW YORK, NY 10012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			4/26/07		305.704.3929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

FILED

2007 JUN 13 PM 2:10



04062007 REIN-LLC CR2E101 (1/07)