

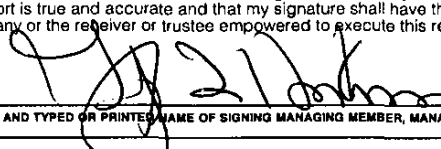


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90056 033 \*\*\*\*50.00

<b>DOCUMENT # L03000022302</b> 1. Entity Name <b>MELBOURNE HOTEL MANAGER, L.L.C.</b>					
Principal Place of Business <b>36400 WOODWARD AVE, STE 118 BLOOMFIELD HILLS, MI 48304</b>			Mailing Address <b>36400 WOODWARD AVE, STE 118 BLOOMFIELD HILLS, MI 48304</b>		
2. Principal Place of Business Suite, <b>222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147</b>		3. Mailing Address St <b>222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147</b>			
City & <b>BIRMINGHAM MI</b>		City & State <b>BIRMINGHAM MI</b>		04272005 Chg-LLC CR2E083 (10/03)	
Zip <b>48009</b>		Country <b>USA</b>		4. FEI Number <b>20-0504469</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>			
6. Name and Address of Current Registered Agent  <b>INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JMK INVESTMENTS, L.L.C. 36400 WOODWARD AVE., STE 118 BLOOMFIELD HILLS, MI 48304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALOR, ROBERT D 980 N. MICHIGAN AVE., STE 1419 CHICAGO, IL 60611	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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		<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		<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		<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 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: 			Date <b>04/27/05</b> <b>248 433 0713</b>		