2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # L03000025835 1. Entity Name HOSPITALITY ADVICE, LLC							05-04-2005 90044 030 ****55.00	
Principal Place of Business 804 OCEAN DRIVE — 2nd Floor MIAMI BEACH, FL 33139			Mailing Address 804 OCEAN DRIVE - 2nd 1 MIAMI BEACH, FL 33139		Floor		1 20057971	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02242005 Chg-LLC CR2E083 (10/03)	
City & State			City & State				4. FEI Number Applied For 20-0098090 Not Applicable	
Zip		Country	Zip	Coun	try		5. Certificate of Status Desired \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent					Name _		7. Name and Address of New Registered Agent	
LEVINSON							O COURTNEY (P.O. Box Number is Not Acceptable)	
407 LINCOLN ROAD, PH-SE MIAMI BEACH, FL 33139					Street Address (P.O. Box Number is Not Acceptable) Floor 804 Ocean Drive 2nd Floor			
						<u>(ian</u>	ni Beach, FL 33139	
					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 Signature, typed or printed name of registered agent and jifle if applicable. INOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE								
Filing Fee is \$50.00 Due by May 1, 2005							Make check payable to Florida Department of State	
9.		MANAGING MEN	MBERS/MANAGERS	10.			ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E GOLDMAN HOTEL GROUP, LLC NA ET ADDRESS 804 OCEAN DRIVE — 2nd Floor STE -ST-ZIP MIAMI BEACH, FL 33139 CIT					AA 800	GRM Aris Hotel Group, Inc. Change Maddition O Ocean Drive, Suite 100 Viami Beach, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1			☐ Change ☐ Addilion	
TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Delete	- 1	1		☐ Change ☐ Addition	
FITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ì		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	ι	_	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE