FILED
May 19, 2004 8:00 am
Secretary of State
05-04-2004 90027 044 \*\*\*\*50.00

5/4.

DOCUN  1. Entity Name HOTEL HO		# L03000033 s, LLC	593				,	50027 011	30.00
Principal Place of Business 13790 NW 4TH STREET, SUITE 113 SUNRISE, FL 33325			Mailing Address 13790 NW 4TH STREET, SUITE 113 SUNRISE, FL 33325						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite. Apt. #, etc.			04272004 Chg	-LLC CR	12E083 (10/03)	
City & State			City & State			4. FELNumber ZO - O	94678	J/1	oliad For Applicable
Zip		Country	Zip	Coun	try	5. Certificate of Statu	s Desired	\$5.00 Addi Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and Address	s of New Registe	red Agent	
ZEDECK, LI 13790 NW 4 SUNRISE, F	TH STR	EET, SUITE 113			Street Address	(P.O. Box Number is Not	Acceptable)		
					City		<del></del>	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.									
SICNATI/RE									
Signature, impact or printed name of registered agent and title if applicable. (NOTE: Progresored Agent elgrature registred when reinstaing)  DATE									
	ing Fee e by Ma	is \$50.00 y 1, 2004				in the second se	Florida Dep		
9.		MANAGING MEMBE	RS/MANAGERS	10.	<del></del>	Indaer 1	ODITIONS/CHAN	IGES Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				NAA Stri	EET ADDRESS   LCC	mard E Zaz 190 NW 45	大学	-	
TITLE			. Deleto	m	Ε	,,,,,,,	<u></u>	Change	Addition
NAME STREET ADORESS CITY-ST-ZIP					ME Est address 1-St-Zip		<u>.</u>		
TITLE NAME					E			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS ST-ZIP				1
TITLE			Deleta	m	*			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					TE EET ADDRESS 1-57-21P				,
TITLE NAME			☐ Delete	IIII NA	1			☐ Change	Addition
STREET ADDRESS				STR	EET ADORESS				ĺ
CITY-ST-ZIP			□ Deleta	CITY TITL	r-\$T-ZIP			Change	Addition
NAME				NAN	Æ				
STREET ADORESS CITY-ST-ZIP					eet adoress 1-st-zip				
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 end 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 empower id to execute this report as required by Chapter 609, Florida Statutes.									
SIGNATURE:									