

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90266 023 ****50.00

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|--|---|--|--|---|--|
| DOCUMENT # L03000034944 1. Entity Name GARBER HOTEL INVESTMENTS, LLC | | | | | |
| Principal Place of Business 10 NW 42ND AVE STE 400 MIAMI, FL 33126 | | | Mailing Address 10 NW 42ND AVE STE 400 MIAMI, FL 33126 | | |
| 2. Principal Place of Business 10 N.W. 42nd AVE. | | 3. Mailing Address 10 N.W. 42nd AVE. | | | |
| Suite, Apt. #, etc. SUITE 700 | | Suite, Apt. #, etc. SUITE 700 | | | |
| City & State MIAMI, FLORIDA | | City & State MIAMI, FLORIDA | | | |
| Zip 33126 Country USA | | Zip 33126 Country USA | | 4. FEI Number 58-2681759 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent MOURIZ, MIGUEL A 10 NW 42ND AVE STE 400 MIAMI, FL 33126 | | | | | |
| 7. Name and Address of New Registered Agent Name MOURIZ, MIGUEL A. Street Address (P.O. Box Number is Not Acceptable) 10 N.W. 42nd AVE., SUITE 700 City MIAMI FL Zip Code 33126 | | | | | |
| 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 3/20/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MOURIZ, MIGUEL 10 NW 42ND AVE STE 400 MIAMI, FL 33126 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MOURIZ, MIGUEL 10 N.W. 42nd AVE, SUITE 700 MIAMI, FL 33126 <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 | |
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| 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: | | | 3/20/2006 (305) 567.1577 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |