


FILED  
Feb 11, 2004 8:00 am  
Secretary of State

02-11-2004 90208 032 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L03000039531</b>			
1. Entity Name MIA HOSPITALITY ASSOCIATES, LLC			
Principal Place of Business 3250 MARY STREET, SUITE 501 MIAMI, FL 33133		Mailing Address 3250 MARY STREET, SUITE 501 MIAMI, FL 33133	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <u>SUITE 500</u>		Suite, Apt. #, etc. <u>SUITE 500</u>	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <u>55-0852131</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  PELTZ, ARVIN 3250 MARY STREET, SUITE 501 MIAMI, FL 33133		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEISER, SHERWOOD M 3250 MARY STREET, SUITE 501 MIAMI, FL 33133 <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
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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: <u>SHERWOOD M. WEISER</u>		1/26/2004 305-445-2493	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	