


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L04000005866 1. Entity Name DEAUVILLE HOTEL MANAGEMENT, LLC |  |
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|---|---|
| Principal Place of Business 6701 COLLINS AVENUE ST. JULIEN ROOM MIAMI BEACH, FL 33141 | Mailing Address 5101 COLLINS AVENUE MANAGEMENT OFFICE MIAMI BEACH, FL 33140 |
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01042008No Chg-LLC

CR2E083 (12/07)

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|------------------------------------|--|
| 4. FEI Number 20-0655810 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

**ZARETSKY, LOUIS D.
555 N.E. 15TH STREET
SUITE 100
MIAMI, FL 33132**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MERUELO, HOMERO SR. 5101 COLLINS AVENUE, MANAGEMENT OFFICE MIAMI BEACH, FL 33140 |
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02/26/08-80080-007 138.75

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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: Morica Lopez Asst. CONTROLLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/14/08

Date

305-865-8511

Daytime Phone #