
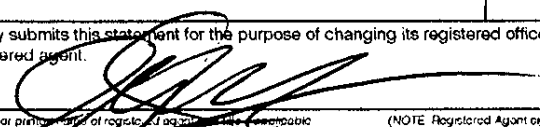
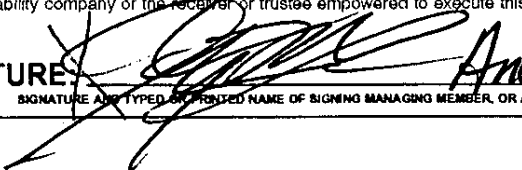


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000008663		
1. Entity Name DOUBLETREE LLC		
Principal Place of Business 13399 DOUBLETREE CIRCLE WELLINGTON, FL 33414	Mailing Address 13399 DOUBLETREE CIRCLE WELLINGTON, FL 33414	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent YZAGUIRRE, ANDRES 13399 DOUBLETREE CIRCLE WELLINGTON, FL 33414		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  DATE <u>3/21/2008</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$188.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YZAGUIRRE, SHARON 13399 DOUBLETREE CIRCLE WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YZAGUIRRE, ANDRES 13399 DOUBLETREE CIRCLE WELLINGTON, FL 33414	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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  <u>Andres Yzaguirre</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>3/21/2008</u> Daytime Phone # <u>561-351-8678</u>



03052008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-0735869

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

U00000875575
04/11/08-80039-002 143.75