


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90183 044 ****50.00

DOCUMENT # L04000048409

1. Entity Name
 HSH WILLISLE MARINA COMPANY, LLC



20023657



Principal Place of Business
 450 EAST LAS OLAS BOULEVARD, SUITE 1500
 FORT LAUDERDALE, FL 33301

Mailing Address
 450 EAST LAS OLAS BOULEVARD, SUITE 1500
 FORT LAUDERDALE, FL 33301

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01262005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 20-1517049

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
 ONE SOUTHEAST THIRD AVENUE, 28TH FL
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

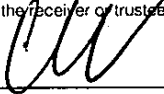
10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MGRM
 HWH Sr. Perpetual Trust Master 1 Share
 450 E. Las Olas Blvd., Ste 1500
 Fort Lauderdale, FL 33301

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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #