2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 01, 2005 8:00 am Secretary of State DOCUMENT # L04000048767 08-01-2005 90093 030 ****50.00 1. Entity Name LBV HOTEL I LLC Principal Place of Business Mailing Address 7751 KINGSPOINTE PARKWAY 7751 KINGSPOINTE PARKWAY **SUITE 124 SUITE 124** ORLANDO, FL 32819 US ORLANDO, FL 32819 US 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. Chg-LLC 07292005 CR2E083 (10/03) City & State Applied For City & State 4. FEI Number 20-1417381 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARPER, DANIEL 7 Street Address (P.O. Box Number is Not Acceptable) C/O SOUTHHAMPTON PROPERTIES, INC., 7751 KINGSPOINTE PARKWAY, STE. 124 ORLANDO, FL: 32819 Ž, 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 Signature. Hypec or primer matter of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Defete TITLE Addition ☐ Change YUNG, HOWARD NAME NAME 31 MARTINDALE ROAD STREET ADDRESS STREET ADORESS CITY-ST-ZIP SHORT HILLS, NJ 07078 CITY-ST-21P MGRM TITLE TITLE ☐ Delete ☐ Change ☐ Addition CYPRESS SOUND LLC NAME HAME STREET ADDRESS 7751 KINGSPOINTE PARKWAY, SUITE 124 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP MGRM TITLE ☐ Delete TATLE □ Change ■ Addition NAME CUENANT, JEAN PIERRE NAME STREET ADDRESS 9 LAGOMAR ROAD STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-7IP CITY-ST-ZIP MGRM ☐ Delete TITLE TITLE ☐ Change ■ Addition CUENANT, MICHELLE NAME NAME STREET ADDRESS 9 LAGOMAR ROAD STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CHY-ST-7IP TITLE ☐ Defete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

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

FILED