2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 16, 2007
Secretary of State

DOCUMENT# L04000089024

Entity Name: MIAMI HOTELS, LLC

Current Principal Place of Business:

9600 NW 25TH STREET
PENTHOUSE
DORAL, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

9600 NW 25TH STREET
SUITE 6E
DORAL, FL 33172 US

New Mailing Address:

FEI Number: 20-1984765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEROSA, ANTHONY T
9600 NW 25TH STREET
PENTHOUSE
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DEROSA, ANTHONY T
Address: 9600 NW 25TH STREET - PENTHOUSE
City-St-Zip: DORAL, FL 33172 US

Title: MGRM ( ) Delete
Name: JONES, FORREST A
Address: 709 SISTINA AVE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: BERNSTIEN, SILVIA
Address: 9600 NW 25TH STREET- SUITE 6E
City-St-Zip: MIAMI, FL 33172 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY DEROSA MGRM 08/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date