

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000092990

1. Entity Name
HH - MIAMI BEACH, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT -4 AM 9:27

Principal Place of Business
8484 WILSHIRE BLVD., SUTIE 900
BEVERLY HILLS, CA 90211

Mailing Address
8484 WILSHIRE BLVD., SUTIE 900
BEVERLY HILLS, CA 90211

2. Principal Place of Business
1234 Washington Ave.
Suite, Apt. #, etc

3. Mailing Address
Suite, Apt. #, etc

09282005 REIN-LLC CR2E101 (6/04)

City & State
Miami Beach, FL

City & State

4. FEI Number
20-2059325

Applied For
Not Applicable

Zip
33139

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CHAMBERLAIN, JAMES B
8484 WILSHIRE BLVD., SUTIE 900
BEVERLY HILLS, CA 90211

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500060194475
10/04/05--01006--001 **155.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 2005

TITLE
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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 of 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 #

09/29/05

1-800-763-8271