

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094125

Entity Name: HIALEAH PARK INN, LLC

FILED
Jan 08, 2009
Secretary of State

Current Principal Place of Business:

6650 W 20TH AVE
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

270 NE 4TH STREET
MIAMI, FL 33132

New Mailing Address:

FEI Number: 20-2099137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P () Delete
Name: MICANGELI, MAURIZIO
Address: 270 NE 4TH ST
City-St-Zip: MIAMI, FL 33132

Title: VP () Delete
Name: TUPINI, CLAUDIO
Address: 270 NE 4TH ST
City-St-Zip: MIAMI, FL 33132

Title: S () Delete
Name: CASTERA, BENOIST
Address: 270 NE 4TH ST
City-St-Zip: MIAMI, FL 33132

Title: MGRM () Delete
Name: 6650 WEST 20TH AVENU, E, LLC
Address: 270 NE 4TH ST
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES:

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

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

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

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

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: BENOIST CASTERA

VP-S

01/08/2009

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