
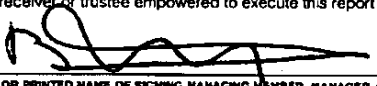


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

03-15-2005 90349 014 ****50.00

DOCUMENT # L04000094130			
1. Entity Name MARINA PARK INN, LLC			
Principal Place of Business 270 NE 4TH STREET MIAMI, FL 33132		Mailing Address 270 NE 4TH STREET MIAMI, FL 33132	
2. Principal Place of Business 340 Biscayne Blvd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33132	Country USA	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATIO 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Maurizio Micangeli 270 NE 4th Street MIAMI FL 33132 <input type="checkbox"/> Delete HM P	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Maurizio Micangeli 270 NE 4th Street MIAMI FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP Claudio Tupini 270 NE 4th Street MIAMI FL 33132 <input type="checkbox"/> Delete CL EVA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP Claudio Tupini 270 NE 4th Street MIAMI FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Benoist CASTERA 270 NE 4th Street MIAMI FL 33132 <input type="checkbox"/> Delete AL CEN	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Benoist CASTERA 270 NE 4th Street MIAMI FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Inter American Hotels 270 NE 4th Street MIAMI FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Secretary (305) 358 0661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date 03/10/05 Daytime Phone #	

30003216



02042005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2099050** Applied For Not Applicable

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