2006 LIMITED LIABILITY COMPANY

Feb 14, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L04000094130 02-14-2006 90018 044 ****50.00 MARINA PARK INN. LLC Principal Place of Business Mailing Address 340 BISCAYNE BLVD 270 NE 4TH STREET 20007806 MIAMI, FL 33132 MIAMI, FL 33132 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2099050 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE ☐ Delete TITLE ☐ Change Addition MICANGELI, MAURIZIO NAME NAME 270 NE 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP VP TITLE Delete TITLE ☐ Change Addition TUPINI, CLAUDIO NAME NAME STREET ADDRESS 270 NE 4TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME CASTERA, BENOIST NAME STREET ADDRESS 270 NE 4TH ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33132 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition Change MGRM

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same perfect as it makes 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 Exempter 608, Florida Statutes.

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

INTER AMERICAN HOTELS

270 NE 4TH ST

MIAMI, FL 33231

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

InterAmerican Hotels

Managing Member

INTERAMERICAN HOTELS

270 NE FOURTH STREET

MTAMT FT. 33132

3580661

Change

☐ Change

☐ Addition

Addition

FILED