


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000094130**

1. Entity Name  
**MARINA PARK INN, LLC**



Principal Place of Business <b>340 BISCAYNE BLVD MIAMI, FL 33132</b>	Mailing Address <b>270 NE 4TH STREET MIAMI, FL 33132</b>
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**DO NOT WRITE IN THIS SPACE**



01052007No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-2099050</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000542008  
03/01/07-80024-013 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICANGELI, MAURIZIO 270 NE 4TH ST MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TUPINI, CLAUDIO 270 NE 4TH ST MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTERA, BENOIST 270 NE 4TH ST MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTERAMERICAN HOTELS 270 NE FOURTH ST MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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:**  **Benoit Castera  
VP & CFO** **305-374-2050**  
Inter-American Hotels  
Managing Member Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE