


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000026921
 1. Entity Name
 ROYAL PALM HOTEL EMPLOYER, LLC



Principal Place of Business
 1545 COLLINS AVENUE
 MIAMI BEACH, FL 33139

Mailing Address
 1545 COLLINS AVENUE
 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2516156	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CORPORATE SERVICES
 155 PLAZA OFFICE DR
 SUITE A
 TALLAHASSEE, FL 32301

DO NOT WRITE 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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

RL 6330 700

U00000782022
 01/15/08-80058-004 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MITCHELL, GUY 1525 COLLINS AVENUE MIAMI BEACH, FL 33139
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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: _____ *1-11-2008 7862760102*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #