2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 21, 2006 8:00 am Secretary of State

DOCUMENT # L05000041791 1. Entity Name MC-P HOTEL ASSOCIATES, LLC				02-21-2006 90179 019 ****55.00			
Principal Place of Business 1485 SOUTH COUNTY TRAIL, 2ND FLOOR EAST GREENWICH, RI 02818		Mailing Address 1485 SOUTH COUNTY TRAIL, 2ND FLOOR EAST GREENWICH, RI 02818		გუიიგენი			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Number	97742	 	pplied For ot Applicable
Zip	Country	Zip	Country		f Status Desired	\$5.00 Add	
	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New Re	gistered Agent	
CTCOPD	ODATION SYSTEM		Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Street Address		(P.O. Box Number is Not Acceptable)			
İ			City			FL Zip Coo	ie
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	registered office or regist	ered agent, or both	i, in the State of Flori	ida. I am familiar with,	, and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title il annicable (NOTE	Registered Agent signature requi	red when reinstating)		DATE	
	agreement types or private and a registered against	no mo nappicable. (101c.	. registered Agent signature redui	· · · · · · · · · · · · · · · · · · ·		DATE	
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Fi D:	illing Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI		10			check payable to Department of Stat	la
9. TITLE	Illing Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI		10. TITLE		Florida	check payable to Department of Stat	∆ Addition
9. TITLE NAME	Illing Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER ROBERT JAME GLIA	RS/MANAGERS	10. TITLE NAME		Florida	check payable to Department of Stat	<u>, , , , , , , , , , , , , , , , , , , </u>
9. TITLE NAME STREET ADDRESS	Illing Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI M 9RN ROBERT JAIDE 9LLA JURS SOUTH COUNTY	RS/MANAGERS Delete TRASL	10. TITLE NAME STREET ADDRESS		Florida	check payable to Department of Stat	<u>, , , , , , , , , , , , , , , , , , , </u>
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Illing Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER ROBERT JAME GLIA	RS/MANAGERS Delete TRASL TO 2818	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	check payable to Department of Stat CHANGES Change	Addition
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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.

(JACOUGIENE SIGNATURE:
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE