
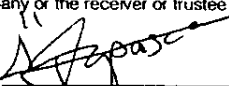


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90012 009 \*\*\*\*50.00

<b>DOCUMENT # L05000048651</b> 1. Entity Name <b>HUMMINGBIRD LW HOTEL, LLC</b>					
Principal Place of Business <b>631 LUCERNE AVENUE LAKE WORTH FLORIDA, 33460</b>			Mailing Address <b>12613 TORBAY DRIVE BOCA RATON, FL 33428</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LAWRENCE M. WEISBERG, P.A. 7901 SW 18TH STREET E-105 BOCA RATON, FL 33433</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number <b>76-0792271</b>		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For Not Applicable		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	10. ADDITIONS/CHANGES				
MGRM OCAL, MEHMET 12613 TORBAY DRIVE BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
MGR PROVENCE, MAUREEN 631 LUCERNE AVE LAKE WORTH, FL 33460	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
REP OLPARCA, ILKER 637 LUCERNE AVE LAKE WORTH, FL 33460	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP				
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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.					
<b>SIGNATURE:</b>  <b>ILKER OZPARCA (REP)</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

**60052292**



07072007 Chg-LLC CR2E083 (12/06)

7/7/07 (561)6992635