

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000067447

1. Entity Name
JACKMONT HOSPITALITY OF MIAMI, LLC



Principal Place of Business
100 PEACHTREE STREET
SUITE 2200
ATLANTA, GA 30303 US

Mailing Address
100 PEACHTREE STREET
SUITE 2200
ATLANTA, GA 30303 US

FILED
2008 FEB -1 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01142008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number
58-2097892

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HALPERN, DANIEL J MANAGER
STREET ADDRESS 100 PEACHTREE STREET, SUITE 2200
CITY-ST-ZIP ATLANTA, GA 30303

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000117640810
02/11/08--01005--019 **288.75

**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, and I am authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

1/13/08

Date

Daytime Phone #

404 523 5744