

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073751

FILED
Jan 17, 2008
Secretary of State

Entity Name: TECTON SOBE HOSPITALITY, LLC

Current Principal Place of Business:

1101 BRICKELL AVENUE
1400
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1101 BRICKELL AVENUE
1400
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 29-3193750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNALDO, TIRADO
1101 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MILLARD, RICHARD
Address: 1101 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Delete
Name: LEAL, RAUL
Address: 1101 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Delete
Name: CONLEY, RON
Address: 1101 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DOUGLAS, CARRILLO
Address: 1101 BRICKELL AVENUE, SUITE 1400
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD MILLARD

MGR

01/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date