


# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L05000073751</b>						<b>FILED</b> <b>08 JUL 16 PM 3: 15</b> <b>STATE OF FLORIDA</b> <b>TALLAHASSEE, FLORIDA</b>	
<b>1. Entity Name</b> <b>TECTON SOBE HOSPITALITY, LLC</b>							
<b>Principal Place of Business</b> <b>1101 BRICKELL AVENUE</b> <b>1400</b> <b>MIAMI, FL 33131 US</b>				<b>Mailing Address</b> <b>1101 BRICKELL AVENUE</b> <b>1400</b> <b>MIAMI, FL 33131 US</b>			
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.				<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
<b>City &amp; State</b>  City      State				<b>4. FEI Number</b> <b>29-3193750</b>			
<b>Zip</b> <b>Country</b>				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>REYNALDO, TIRADO</b> <b>1101 BRICKELL AVENUE</b> <b>SUITE 1400</b> <b>MIAMI, FL 33131</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b> SIGNATURE <u><i>[Signature]</i></u> DATE <u>07/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Amended AR is \$50.00</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLARD, RICHARD 1101 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000133393460</b> 07/24/08--01029--002 **50.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEAL, RAUL 1101 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <del>DOUGLAS</del> <b>CARRILLO DOUGLAS</b> 1101 BRICKELL AVENUE, SUITE 1400 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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>							
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> Date <u>07/01/08</u> Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							