

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097315

FILED  
Apr 11, 2007  
Secretary of State

**Entity Name:** FONTAINEBLEAU TOWER 3 GARAGE RESTAURANT, LLC

**Current Principal Place of Business:**

19950 WEST COUNTRY CLUB DRIVE  
TENTH FLOOR  
AVENTURA, FL 33180

**New Principal Place of Business:**

2827 PARADISE ROAD  
FOURTH FLOOR  
LAS VEGAS, NV 89109 US

**Current Mailing Address:**

19950 WEST COUNTRY CLUB DRIVE  
TENTH FLOOR  
AVENTURA, FL 33180

**New Mailing Address:**

2827 PARADISE ROAD  
FOURTH FLOOR  
LAS VEGAS, NV 89109 US

**FEI Number:** 20-3567223

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGRM ( ) Delete  
Name: FONTAINEBLEAU FLORID, A HOTEL PROPER T IES LLC  
Address: 19950 WEST COUNTRY CLUB DRIVE, TENTH FLOOR  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FONTAINEBLEAU FLORID, A HOTEL PROPER T IES LLC  
Address: 2827 PARADISE ROAD  
City-St-Zip: LAS VEGAS, NV 89109 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN SCHAEFFER

MGR

04/11/2007

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