

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109717

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** HOTEL 75 INVESTMENTS, LLC

**Current Principal Place of Business:**

1819 MAIN STREET, SUITE 215  
SARASOTA, FL 34236

**New Principal Place of Business:**

6880 SW 44 STREET  
100  
MIAMI, FL 33155

**Current Mailing Address:**

6880 SW 44 STREET  
SUITE #100  
MIAMI, FL 33155 US

**New Mailing Address:**

6880 SW 44 STREET  
100  
MIAMI, FL 33155

**FEI Number:** 20-3863087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WAGNER, E. JOHN II  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 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: SVIRSKY, MICHAEL  
Address: 1819 MAIN STREET, SUITE 215  
City-St-Zip: SARASOTA, FL 34236

Title: MGR ( ) Delete  
Name: SURIOL, JOSE M  
Address: 1819 MAIN STREET, SUITE 215  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

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

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

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:** JOSE M. SURIOL

MGR

04/28/2009

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