

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


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FILED
Mar 23, 2007 8:00 am
Secretary of State

03-08-2007 90189 018 ****50.00

DOCUMENT # L06000001038

1. Entity Name
PLAYA UVITA HOLDINGS, LLC



Principal Place of Business Mailing Address
 201 ALHAMBRA CIRCLE, SUITE 601 201 ALHAMBRA CIRCLE, SUITE 601
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

30003206



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02232007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4042413

Applied For
 Yes
 No

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENBAUM, MICHAEL J
 201 ALHAMBRA CIRCLE, SUITE 601
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<i>MEM Shyde Ruben 20000 NE 20th PL Miami, FL 33179</i>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: _____ *[Signature]* Date: **2/23/07** Daytime Phone # _____