

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90068 031 \*\*\*\*55.00

<b>DOCUMENT # L06000060465</b>			
<b>1. Entity Name</b> PHILLARD APARTMENT HOTEL, LLC			
<b>Principal Place of Business</b> 828 WASHINGTON AVENUE MIAMI BEACH, FL 33139		<b>Mailing Address</b> 828 WASHINGTON AVENUE MIAMI BEACH, FL 33139	
<b>2. Principal Place of Business - No P.O. Box #</b> 2000 LIBERTY AVE		<b>3. Mailing Address</b> 1680 Meridian Ave	
Suite, Apt. #, etc. 102		Suite, Apt. #, etc. 102	
<b>City &amp; State</b> MIAMI BEACH, FL		<b>City &amp; State</b> MIAMI BEACH, FL	
<b>Zip</b> 33139		<b>Zip</b> 33139	
<b>Country</b> USA		<b>Country</b> USA	
<b>4. FEI Number</b> 20-5047711		Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  ROUSSO, MARK E ESQ 18851 NE 29TH AVENUE, SUITE 900 AVENTURA, FL 33180		<b>7. Name and Address of New Registered Agent</b>  Name: LIEBERMAN, ALAN Street Address (P.O. Box Number is Not Acceptable): 1680 Meridian Ave Ste. 102 City: MIAMI BEACH FL Zip Code: 33139	
<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:  (NOTE: Registered Agent signature required when reinstating) DATE:			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE: MGRM NAME: LIEBERMAN, ALAN STREET ADDRESS: 828 WASHINGTON AVENUE CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE: MGRM NAME: LIEBERMAN, ALAN STREET ADDRESS: 1680 Meridian Avenue #102 CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" 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
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> 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #