

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 20, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90366 041 \*\*\*\*50.00

**DOCUMENT # L06000117772**

1. Entity Name  
**P&G HOTEL, LLC**



Principal Place of Business  
**9090 SOUTH DADELAND BLVD.  
MIAMI, FL 33156**

Mailing Address  
**9090 SOUTH DADELAND BLVD.  
MIAMI, FL 33156**

**30011946**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062007

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-8921209**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
SITTERSON, P.A., C/O RICHARD E. SCHATZ  
150 WEST FLAGLER STREET, SUITE 2200  
MIAMI, FL 33130**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 14, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Managing Member ☐ Delete  
P&G TRACT C Development, LTD.  
9090 S. Dadeland Blvd., Suite 210  
Miami, FL 33156**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**LUIS A. PUENTA**

**07/16/2007 305-671-5114**

Date


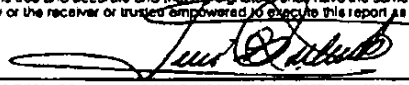
Daytime Phone #

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5

ATTACHMENT

30011946

|  |   |     |   |  |  |
|--|---|-----|---|--|--|
| DOCUMENT # L06000117772  |   |     |   |   |  |
| 1. Entity Name<br>P&G HOTEL, LLC   |   |     |   |  |  |
| Principal Place of Business<br>9090 SOUTH DADELAND BLVD.<br>MIAMI, FL 33156  |   |     | Mailing Address<br>9090 SOUTH DADELAND BLVD.<br>MIAMI, FL 33156 |  |  |
| 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   | 4. FEI Number<br>20-8921209  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |     |   | Applied For<br>Not Applicable  |  |
| 8. Name and Address of Current Registered Agent<br><br>STEARNS WEAVER MILLER WEISSLER ALHADEFF &<br>SITTERSON, P.A., C/O RICHARD E. SCHATZ<br>150 WEST FLAGLER STREET, SUITE 2200<br>MIAMI, FL 33130   |   |     |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 9. 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 _____<br><small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____   |   |     |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |   |     |   | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |     | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P & G Tract C Development<br>9090 S. Dadeland Blvd, #210<br>Miami, FL 33156 |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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 606, Florida Statutes. |   |     |   |  |  |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date _____  |   |     |   |  |  |