2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000117772

1. Entity Name P&G HOTEL, LLC



Mar 13, 2008 08:00 AN Secretary of State

FILED

Principal Place of Business

9090 SOUTH DADELAND BLVD. MIAMI, FL 33156 Mailing Address

9090 SOUTH DADELAND BLVD. MIAMI, FL 33156



01282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8921209

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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.		
SIGNATURESignature, typed or printed name of registered agent and fills if applicable (NOTE, Registered Agent signature required when reinstalling) DATE		
Signature, typed of printed name or registered agent and their appricable (NCOC), negistered Agent signature required when remaintaining)		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		U00000856876 03/28/08-80030-003 138.75
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM P & G TRACT X DEVELOPMENT LTD 9090 S DADELAND BLVD STE 210 MIAMI, FL 33156	
TITLE NAME		
STREET ADDRESS		الله الدول 196 و الدول المستقى المحادث الله الدول المستقل المستقل الله المستقل المستق
CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS SPACE
NAME Street address		THE STATE
CITY-ST-ZIP		
TITLE		
NAME STREET ADDRESS		
CITY-ST-ZIP		
TITLE		-1

11. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #