


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90189 008 \*\*\*138.75

<b>DOCUMENT # L07000065360</b>	
1. Entity Name <b>HOLLY BRICKELL HOTEL PARTNERS, LLC</b>	

Principal Place of Business <b>1395 BRICKELL AVENUE 900 MIAMI, FL 33131</b>	Mailing Address <b>1395 BRICKELL AVENUE 900 MIAMI, FL 33131</b>
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60042242

2. Principal Place of Business - No P.O. Box # <b>370 Minorca Ave</b>	3. Mailing Address <b>370 minorca Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Coral Gables FL</b>	City & State <b>Coral Gables FL</b>
Zip <b>33134</b>	Zip <b>33134</b>
Country <b>USA</b>	Country <b>USA</b>



04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>26-0396866</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>HOLLY, WILLIAM H 1395 BRICKELL AVENUE 900 MIAMI, FL 33131</b>	

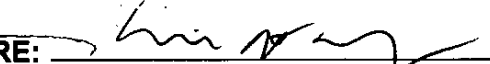
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>370 minorca Ave</b>	
City	State
<b>Coral Gables</b>	<b>FL</b>
Zip	Zip
<b>33134</b>	<b>33134</b>

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.	
SIGNATURE 	DATE <b>4.24.08</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLLY, WILLIAM H 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	370 minorca Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coral Gables FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCAMMON, ROBERT K 1395 BRICKELL AVENUE SUITE 900 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	370 minorca Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coral Gables FL 33134
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

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: 	DATE: <b>4.24.08</b>	DAYTIME PHONE #: <b>305-777-0300</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		