

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 06, 2008  
Secretary of State**

DOCUMENT# L07000097788

Entity Name: M SQUARE HOSPITALITY MANAGEMENT LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

1750 NE 191ST STREET  
104  
NORTH MIAMI, FL 33179 US

**Current Mailing Address:**

**New Mailing Address:**

1750 NE 191ST STREET  
104  
NORTH MIAMI, FL 33179 US

FEI Number: 11-3823291      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MARIOS, HARVALIS  
1750 NE 191ST STREET  
104  
NORTH MIAMI, FL 33179 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MARIOS, HARVALIS  
Address: 1750 NE 191ST STREET APT 104  
City-St-Zip: NORTH MIAMI, FL 33179 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIOS HARVALIS

GM

05/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date