

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109571

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: PRIME HOTEL GROUP AT HOMESTEAD, LLC

**Current Principal Place of Business:**

4651 SHERIDAN STREET  
SUITE 480  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

4651 SHERIDAN STREET  
SUITE 480  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

FEI Number: 42-1744397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREENFIELD, STEVEN B  
7000 W. PALMETTO PARK RD  
#402  
BOCA RATON, FL 33433 US

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

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:**

Title: MGRM ( ) Delete  
Name: ABBO, LARRY M  
Address: 4651 SHERIDAN STREET, #480  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM ( ) Delete  
Name: ABBO, FRED  
Address: 4651 SHERIDAN STREET, #480  
City-St-Zip: HOLLYWOOD, FL 33021 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ABBO, FRED  
Address: 4651 SHERIDAN STREET, #480  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM (X) Change ( ) Addition  
Name: ABBO, LARRY M  
Address: 4651 SHERIDAN STREET, #480  
City-St-Zip: HOLLYWOOD, FL 33021 US

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: LARRY M. ABBO

MGRM

04/28/2008

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