2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L08000071214

Entity Name: HARD ROCK NYY, LLC

Current Principal Place of Business:

ONE SEMINOLE WAY
2ND FLOOR
HOLLYWOOD, FL 33314

New Principal Place of Business:

6100 OLD PARK LANE
ORLANDO, FL 32835 US

Current Mailing Address:

ONE SEMINOLE WAY
2ND FLOOR
HOLLYWOOD, FL 33314

New Mailing Address:

6100 OLD PARK LANE
ORLANDO, FL 32835 US

FEI Number: 26-3077470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: DODDS, HAMISH
Address: 6100 OLD PARK LANE
City-St-Zip: ORLANDO, FL 32835 US

Title: P ( ) Change (X) Addition
Name: DODDS, HAMISH
Address: 6100 OLD PARK LANE
City-St-Zip: ORLANDO, FL 32835 US

Title: S ( ) Change (X) Addition
Name: WOLSZCZAK, JAY
Address: 6100 OLD PARK LANE
City-St-Zip: ORLANDO, FL 32835 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: JAY WOLSZCZAK MGR 04/28/2009

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