

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90316 047 ****50.00

DOCUMENT # L96000001161

1. Entity Name
EUROPEAN HOTELS REPRESENTATION, L.C.



Principal Place of Business
**800 WEST AVENUE SUITE 335
MIAMI FL 33139**

Mailing Address
**800 WEST AVENUE SUITE 335
MIAMI FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0707310**

Applied For

Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EDELSTEIN, STEVEN A
1200 ANASTASIA AVENUE SUITE 300
CORAL GABLES FL 33134-6364**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	MARANZANA, DAVID	800 WEST AVENUE SUITE 335	MIAMI BEACH FL 33139	<input type="checkbox"/>
MGRM	RHI REPRESENTACIONES HOTELERAS INTERNACION	1200 EUCLID AVE. STE 207	MIAMI BEACH FL 33130	<input type="checkbox"/>
MGRM	SUERETH, FRANCESCA	800 WEST AVENUE SUITE 335	MIAMI BEACH FL 33139	<input type="checkbox"/>
MGRM	PALMADA, JUAN	1200 ANASTASIA AVE SUITE 300	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
		800 WEST AVENUE STE 335	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		800 WEST AVENUE STE 335	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MEMBER	GAETANO DI CIACCIO	800 WEST AVENUE STE 335	MIAMI BEACH FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MEMBER	ANDREA DI CIACCIO	800 WEST AVENUE STE 335	MIAMI BEACH FL 33139	<input type="checkbox"/>	<input checked="" type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Francesca SuereTh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jan. 13, 2003 305-5389697
Date Daytime Phone #

CR2E083 (10/02)