		• May 1, 1999 00.00 LATE F		l Liability		pany will be	<b>e</b>				
4200				FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS			FILED				
PILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee							99 MAR 15 AM II: 16				
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company  DOCUMENT # L98000003254							SCOKETÁRT ÓF STÁTE TALLAHASSEE, FLORIDA				
SINGER ISLAND OCEANFRONT HOTELS, LLC 3800 NORTH OCEAN DRIVE RIVIERA BEACH FL 33404							1a. Principal Place of Business Address  3800 NORTH OCEAN DRIVE RIVIERA BEACH FL 33404				
2 Principal Place of Business 2a.			2a. Maili	failing Address			3. Date Organiz	Date Organized or Qualified 3a. State of Formation		of Formation	
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			12/15/1				
City & State			City & Sta	City & State			4. FEI Number ☐ Applied For ☐ Not Applicable				
Zip	Couritry		Zip	Zip Count		ry	5. Date of Last		6. Certificate of States 88.75 Additional Fee R		
	and Address of Cur	rent Registered	Agent		8. Name	Name and Addres	s of New Regist	ered Agent	/Office		
	PARDO, P D STREET,		Street Address (P.O. Box Number i Suite, Apt #, etc City			is Not Acceptable)  Ziρ Code					
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations.											
SIGNATURE DATE (Registered Agent Accepting Apparature by - (Bit III - Registered agent agent agent accept and original agent accept.)											
10. Title	···					ss Street Address		City.	State and Z	ate and Zip Code	
MGR	PARDO, STEVEN J			100 S.E. 2ND STREET, SUITE			IMAIM	FL			
MGR	VIDAUR	1000 SOUTH MIAMI AVENUE			MIAMI FL						
				50				00028175052 -03/24/3301034001 ****188.75 ****188.75			
									3.22.99		
11. I do hereby certify that the information supplied with this filling cloes not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that ny 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 for truetee embowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.											
SIGNATURE: SIGNATURE AND 13 O ORIFORDINAMAN CA SIGNAMAN AND MANAGERICAL MEMBER CHEST CHEST CONTROL TO TAX TO THE TRANSPORTED TO											

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