

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90282 003 \*\*\*\*50.00

**DOCUMENT # L99000003345**

1. Entity Name  
**HOTEL / RETAIL INVESTMENTS, L.L.C.**



Principal Place of Business  
**2201 N COMMERCE PKWY  
WESTON, FL 33326 US**

Mailing Address  
**2201 N COMMERCE PKWY  
WESTON, FL 33326 US**

**20005648**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**65-0957856**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALVARO, CORREA  
2573 MAYFAIR LANE  
WESTON, FL 33326**

Name **Alvaro Correa**

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

**2201 N. Commerce Pkwy**

City **Weston**

FL

Zip Code **33326**

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 **Alvaro Correa**

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

(NOTE: Registered Agent signature required when reinstating)

**2-23-07**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **CORREA, ALVARO E**  
CITY-STATE-ZIP **2201 N COMMERCE PKWY  
WESTON, FL 33326**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Alvaro Correa Hgc**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**2-23-07 954-659-8901**