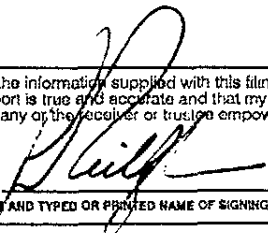


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000001713		
1. Entity Name CP MIAMI HOTEL MANAGERS, LLC		
Principal Place of Business 3250 MARY STREET, FIFTH FLOOR MIAMI, FL 33133		Mailing Address 3250 MARY STREET, FIFTH FLOOR MIAMI, FL 33133
DO NOT WRITE IN THIS SPACE		
		01162004 No Chg-LLC CR2E083 (10/03)
4. FEI Number 76-0559135		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CP MIAMI HOTEL OPERATING CORPORATION 3250 MARY STREET, FIFTH FLOOR MIAMI, FL 33133	 000000041680 02/09/04-80039-024 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CP MIAMI HOLDINGS, L.L.C. 3250 MARY STREET, FIFTH FLOOR MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: 		Date <u>2/14/04</u> Daytime Phone # _____