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	Mailing Address
3250 MARY STREET, FIFTH FLOOR MIAMI, FL 33133	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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg stated Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CP MIAMI HOTEL OPERATING CORPORATION
STREET ADDRESS	3250 MARY STREET, FIFTH FLOOR
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGR
NAME	CP MIAMI HOLDINGS, L.L.C.
STREET ADDRESS	3250 MARY STREET, FIFTH FLOOR
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/09/04-80039-024 50.00

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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: _____ 2/4/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #