

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001989

FILED  
Feb 21, 2005  
Secretary of State

Entity Name: PH HOTEL GP, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVE.  
ORLANDO, FL 328013336

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32802

**New Mailing Address:**

P.O. BOX 2226  
ORLANDO, FL 32802

FEI Number: 59-3740522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRICKLAND, C. BRIAN  
450 S. ORANGE AVE.  
ORLANDO, FL 328013336 US

**Name and Address of New Registered Agent:**

THOMAS, STEPHANIE J  
450 S. ORANGE AVE.  
ORLANDO, FL 328013336 US

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.

SIGNATURE: STEPHANIE J THOMAS

02/21/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: HUTCHISON, THOMAS J III  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 328013336

Title: MGR ( ) Delete  
Name: STIDD, ANDREW L  
Address: 445 BROAD HOLLOW RD.  
City-St-Zip: MELVILLE, NY 11747

Title: MGR ( ) Delete  
Name: MULLER, CHARLES A  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 328013336

Title: MGR ( ) Delete  
Name: STRICKLAND, C. BRIAN  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 328013336

Title: MGR ( ) Delete  
Name: ANGELO, BERNARD J  
Address: 445 BROAD HOLLOW RD.  
City-St-Zip: MELVILLE, NY 11747

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: BLOOM, BARRY A  
Address: 450 S ORANGE AVE.  
City-St-Zip: ORLANDO, FL 328013336

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS J HUTCHISON, III

MGR

02/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date