

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001989

FILED
Apr 05, 2006
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:

420 S. ORANGE AVE.
STE 700
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 2226
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 59-3740522 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

THOMAS, STEPHANIE J
420 S. ORANGE AVE.
STE 700
ORLANDO, FL 32801 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: _____

04/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: BLOOM, BARRY 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: MGR (X) Change () Addition
Name: HUTCHISON, THOMAS J III
Address: 420 S. ORANGE AVE., STE 700
City-St-Zip: ORLANDO, FL 32801

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

Title: MGR (X) Change () Addition
Name: BLOOM, BARRY
Address: 420 S ORANGE AVE., STE 700
City-St-Zip: ORLANDO, FL 32801

Title: MGR (X) Change () Addition
Name: STRICKLAND, C. BRIAN
Address: 420 S. ORANGE AVE., STE 700
City-St-Zip: ORLANDO, FL 32801

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 Chapter 119, 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: BARRY A.N. BLOOM

MGR

04/05/2006

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