

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001989

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: PH HOTEL GP, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HUTCHISON, THOMAS J III  
Address: 420 S. ORANGE AVE., STE 700  
City-St-Zip: ORLANDO, FL 32801

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

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

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

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: PATTEN, MARK E  
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 A.N  
Address: 420 S ORANGE AVE., STE 700  
City-St-Zip: ORLANDO, FL 32801

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 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: STEPHANIE J. THOMAS

AS

04/17/2007

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