## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS CITY - ST - ZIP

limited liability company or the receiver or trustee

## Jan 19, 2005 8:00 am Secretary of State **DOCUMENT # M02000002890** 01-19-2005 90025 009 \*\*\*\*50.00 DEVITO LASALA, LLC Mailing Address Principal Place of Business 20002742 **66 PALMER AVENUE, SUITE 43** 66 PALMER AVENUE, SUITE 43 BRONXVILLE, NY 10708 BRONXVILLE, NY 10708 CR2E083 (10/03) 01042005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3879535 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COHEN, SETH I ESQ. DO NOT WRITE % FOGEL & COHEN 2500 N. MILITARY TRAIL, SUITE 111 IN THIS SPACE BOCA RATON, FL 33431 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM LB HOTEL EQUITIES, LLC NAME 66 PALMER AVENUE, SUITE 43 STREET ADDRESS CITY-ST-ZIP BRONXVILLE, NY 10708 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN-THIS-SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

**FILED** 

SIGNATURE:

11. I hereby certify that the information supplied with this filling 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 toda 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.