


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP -8 AM 9:35

DOCUMENT # M03000003763 1. Entity Name BLISS WORLD LLC					
Principal Place of Business 50 WASHINGTON STREET BROOKLYN, NY 11201			Mailing Address 50 WASHINGTON STREET BROOKLYN, NY 11201		
2. Principal Place of Business 1111 Westchester Avenue Suite, Apt. #, etc.		3. Mailing Address 2231 E. Camelback Rd. Suite, Apt. #, etc. Ste. 400 City & State Phoenix, AZ			
City & State White Plains, NY Zip 10604 Country USA		City & State Phoenix, AZ Zip 85016 Country USA		4. FEI Number 13-4045227	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				05052005 REIN-LLC CR2E101 (6/04)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road City Plantation FL Zip Code 33324		
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 Maria Ozaeta Vice President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHOEL, PATRICK 19 EAST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	member Starwood Hotels & Resorts World wide, Inc. 1111 Westchester Avenue White Plains, NY 10604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANTZ, JACQUES 19 EAST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUSSEAU, HUGUES 19 EAST 57TH STREET NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KILGORE, MARCIA 50 WASHINGTON STREET BROOKLYN, NY 11201	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOUE, THIERRY 50 WASHINGTON STREET BROOKLYN, NY 11201	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Peter Morrow 5/9/05 (602) 852-3900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					