

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001506

FILED
Apr 03, 2009
Secretary of State

Entity Name: DRIFTWOOD HOSPITALITY MANAGEMENT, LLC

Current Principal Place of Business:

11780 N. US HIGHWAY 1
SUITE 400
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

11780 N. US HIGHWAY 1
SUITE 400
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-1006992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISSLER, ROBERT I
2200 MUSEUM TOWER
150 W FLAGLER ST
MIAMI, FL 33130 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: FLANNERY, JOSEPH J
Address: 399 PARK AVE
City-St-Zip: NEW YORK, NY 10022

Title: MGR () Delete
Name: RODRIGUEZ, CARLOS
Address: 2601 S. BAYSHORE DRIVE, SUITE 1475
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete
Name: BUDDEMEYER, DAVID
Address: 11780 N. US HIGHWAY 1, SUITE 400
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

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

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 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: DAVID BUDDEMEYER

MGR

04/03/2009

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