

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
05-02-2006 90046 041 ****50.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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| DOCUMENT # M04000001700 | | | | | |
| 1. Entity Name MAYFAIR HOTEL MANAGER, L.L.C. | | | | | |
| Principal Place of Business 8609 WEST BRYAN MAWR AVE., SUITE 209 CHICAGO, IL 60631 | | | Mailing Address 8609 WEST BRYAN MAWR AVE., SUITE 209 CHICAGO, IL 60631 | | |
| 2. Principal Place of Business 500 South Dearborn Chicago IL 60605 | | | 3. Mailing Address 500 South Dearborn Chicago IL 60605 | | |
| City and State | | | City & State | | |
| Zip | | Country | | Zip | |
| | | | | Country | |
| 4. FEI Number 20-1044708 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent MCINTOSH, ANDREW L 101 E. KENNEDY BLVD., SUITE 2000 TAMPA, FL 33602 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR FALOR, ROBERT 8609 W. BRYAN MAWR AVE., SUITE 209 CHICAGO, IL 60631 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 500 South Dearborn Chicago IL 60605 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MSD INVESTMENTS, LLC 222 MERRILL STREET, SUITE 100 BIRMINGHAM, MI 480098147 | <input 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 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: | | | GEOFFREY L. HACKMAN 04-27-06 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date 248-433-0713 | | |