FILED
May 24, 2005 8:00 am
Secretary of State
04-29-2005 90056 038 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003363

1. Entity Name
SOUTH BEACH HOTEL INVESTORS, L.L.C.

Principal Place of Business	Mailing Address
36400 WOODWARD AVENUE, STE. 118 BLOOMFIELD HILLS, MI 48304	36400 WOODWARD AVENUE, STE. 118 BLOOMFIELD HILLS, MI 48304

2. Principal Place of Business	3. Mailing Address
222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147	222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147
Zip / Country USA	Zip / Country USA

04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1492195 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCINTOSH, ANDREW L 101 E. KENNEDY BLVD., STE. 2000 TAMPA, FL 33602	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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOUTH BEACH MANAGER, L.L.C. 36400 WOODWARD AVENUE, STE. 118 BLOOMFIELD HILLS, MI 48304	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	222 MERRILL STREET, SUITE 100 BIRMINGHAM MI 48009-6147	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Geoffrey L. Hockman 04/27/05 248-433-0713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date