

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000003363

**FILED**  
**May 02, 2007**  
**Secretary of State**

**Entity Name:** SOUTH BEACH HOTEL INVESTORS, L.L.C.

**Current Principal Place of Business:**

222 MERRILL STREET, SUITE 100  
BIRMINGHAM, MI 480096147

**New Principal Place of Business:**

**Current Mailing Address:**

222 MERRILL STREET, SUITE 100  
BIRMINGHAM, MI 480096147

**New Mailing Address:**

FEI Number: 20-1492195      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MCINTOSH, ANDREW L  
101 E. KENNEDY BLVD., STE. 2000  
TAMPA, FL 33602 US

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: MGRM ( ) Delete  
Name: SOUTH BEACH MANAGER,, L.L.C.  
Address: 222 MERRILL STREET, SUITE 100  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SOUTH BEACH MANAGER,, L.L.C.  
Address: 222 MERRILL STREET, SUITE 100  
City-St-Zip: BIRMINGHAM, MI 480096147

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: GEOFFREY L. HOCKMAN

MGRM

05/02/2007

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