

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90028 012 ****50.00

DOCUMENT # M04000003548

1. Entity Name
WISCONSIN HOTEL COMPANY, L.L.C.



Principal Place of Business
18851 N.E. 29TH AVENUE, SUITE 901
AVENTURA, FL 33180

Mailing Address
18851 N.E. 29TH AVENUE, SUITE 901
AVENTURA, FL 33180

20031200



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132006 Chg-LLC CR2E083 (11/05)

4. FEI Number
39-1896718

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

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET, SUITE 2900
MIAMI, FL 33131

Name Robin I Willner, Esq.

Street Address (P.O. Box Number is Not Acceptable)

c/o Roth, Rouso, Ratsman & Schneider LLP

18851 NE 29th Avenue, Ste 900

City Aventura

FL

Zip Code 33180

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

Robin I. Willner 3/7/06

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME HALE, GABRIELLA ☐ Delete
STREET ADDRESS 18851 N.E. 29TH AVENUE, SUITE 901
CITY - ST - ZIP AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

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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:

Gabriella Hale GABRIELLA HALE

Date

Daytime Phone #

4/25/06 305-931-4959