## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0400004026				FILED		
1. Entity Nam PRIME H	OSPITALITY L.L.C.				05 APR 29 PM 1: 36	
			O WI I'M	SECRETAR	CY OF STATE	
Principal Place of Business		Mailing Address		[ALLAHAS	Y OF STATE SEE, FLORIDA	
345 PARK AVENUE   New York, ny 10154		345 PARK AVENUE NEW YORK, NY 10154				
11211 (0101)	11 10,00	112.11 10/11/11/11/11		ARGIGDIA      DE    BIBN BE    P	64111 64111 64111 67711 67712 11514 671451 111 1 <b>2</b> 71	
O Bringing! D	Naga of Divisiona	3. Mailing Address				
2. Principal Place of Business		3. Mailing Adoress				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04052005 Cha-LLC	CB3E392 (10/02)	
				04052005 Chg-LLC	CR2E083 (10/03)	
City & State	е	City & State		4. FEI Number NOT APPLICABLE	Applied For	
Zip	Country	Zip Country			Not Applicable  \$5.00 Additional	
2.5	Country	2.5	COOy	5. Certificate of Status Desi	red S3.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of N	ew Registered Agent	
NOALCED	NRAI SERVICES. INC.			Name		
	CUTIVE PARK DRIVE		Street Addres	s (P.O. Box Number is Not Acce	otable)	
SUITE 4	<b>3</b>	<del></del>				
WESTON, FL 33331						
			City	City FL Zip Code		
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or regis	stered agent, or both, in the State	of Florida. I am familiar with, and accept	
	tions of registered agent.					
SIGNATURE .						
	Signature, typed or printed name of registered agent a	and little if applicable. (NO1	E: Registered Agent signature requ	ired when (einstaling)	DATE	
Fi	iling Fee is \$50.00				Make check payable to	
	ue by May 1, 2005			FI	orida Department of State	
	NANDACINIC NELIDE	DO /MANIACEDO	10.	ADDITI	ONS/CHANGES	
9. TITLE	MANAGING MEMBE	Delete	TITLE	ADDITI	_ Change Addition	
NAME BREP IV HOTELS HOLDING L.L.C.			NAME	0 <del>5/10/05 (-0)</del>	123 (004 CHO) (25)	
STREET ADDRESS 345 PARK AVENUE			STREET ADDRESS	00		
CITY-ST-ZIP	NEW YORK, NY 10154		CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ Delete	TITLE	EOOOE	Change Addition	
NAME STREET ADORESS			NAME STREET ADDRESS	0571070501	4201585 028004 **450.00	
CITY-ST-ZIP	1		CITY-ST-ZIP	00/10/00 01	30	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
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CTOCCT - DOGCCC			NAME	ΝΔ.		
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CITY-ST-ZIP		☐ Delete	STREET ADDRESS CITY+ST-ZIP	DRS	15	
CITY-ST-ZIP TITLE NAME		☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME	DRS	15	
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	certify that the information supplied with	☐ Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scation 119 07/29(i) Florida Stat	Change Addition  Change Addition  Change Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	certify that the information supplied with on this report is true that accurate and ability company or that receiver or trusted	☐ Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Scation 119 07/29(i) Florida Stat	Change Addition  Change Addition  Change Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	certify that the information supplied with don this report is true to a accurate and ability company or the receive for trusted	☐ Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE exemption stated in the same legal effect as report as required by Ch	Section 119.07(3)(i), Florida Statif made under oath; that I am a napter 608, Florida Statutes.	Change Addition  Change Addition  Change Addition  Change Addition  Change Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	don this report is true MG accurate and ability company or the receive for trustee	☐ Delete	STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  The exemption stated in the same legal effect as report as required by Ch	Section 119.07(3)(i), Florida Statif made under oath; that I am a reapter 608, Florida Statutes.  MCDONAGH	Change Addition  Change Addition  Change Addition	