

M04000004408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

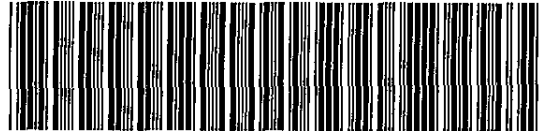
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 209369 5024449

AUTHORIZATION :

COST LIMIT : \$ 25.00

Patricia P. [Signature]

ORDER DATE : February 16, 2005

ORDER TIME : 9:59 AM

ORDER NO. : 209369-015

CUSTOMER NO: 5024449

CUSTOMER: Aaron J. Guth
Lehman Brothers
11th Floor
399 Park Avenue
New York, NY 10022

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TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: LB MAINGATE HOTEL MANAGER LLC

XX PROFIT
 NON-PROFIT

 CORPORATE
 LIMITED PARTNERSHIP

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: LB MAINGATE HOTEL MANAGER LLC

2. Jurisdiction of its organization: DELAWARE

3. Date authorized to do business in Florida: 10/15/2004

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____

5. New name of the limited liability company: a

6. If the amendment changes the period of duration, indicate new period of duration: _____

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: manager managed: Joseph J. Flannery, sole manager

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized
representative of a member

Aaron Guth, authorized representative
Typed or printed name of signee

Filing Fee: \$25.00

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