

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004953 1. Entity Name KIMPTON GROUP HOLDING LLC	
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Principal Place of Business 222 KEARNY STREET, SUITE 200 SAN FRANCISCO, CA 94108	Mailing Address 222 KEARNY STREET, SUITE 200 SAN FRANCISCO, CA 94108
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 94-3386160	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____
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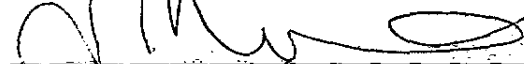
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG LATOUR, THOMAS W 222 KEARNY STREET, SUITE 200 SAN FRANCISCO, CA 94108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG DEPATIE, MICHAEL 222 KEARNY STREET, SUITE 200 SAN FRANCISCO, CA 94108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG WRENCH, J. KIRKE 222 KEARNY STREET, SUITE 200 SAN FRANCISCO, CA 94108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG LEONDAKIS, NIKI 222 KEARNY STREET, SUITE 200 SAN FRANCISCO, CA 94108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG LONG, JOSEPH 222 KEARNY STREET, SUITE 200 SAN FRANCISCO, CA 94108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG MARGALIT, NIR 222 KEARNY STREET, SUITE 200 SAN FRANCISCO, CA 94108

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04/15/05-80013-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Nir Margalit 4-11-05 (415) 397-5572 Date Daytime Phone #
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