#### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # M04000005554

1. Entity Name DHM TAMPA HOTEL LESSEE GP. LLC



Principal Place of Business

1001 N. US HIGHWAY 1, SUITE 800 JUPITER, FL 33477

Mailing Address

1001 N. US HIGHWAY 1, SUITE 800 JUPITER, FL 33477

# FILED Feb 06, 2006 8:00 am **Secretary of State**

02-06-2006 90169 004 \*\*\*\*50.00

20005120 

### DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2023108

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBERS/MANAGERS

WEISSLER, ROBERT I 150 WEST FLAGLER STREET, SUITE 2200 STEARNS WEAVER MILLER WEISSLER ALHADEFF MIAMI, FL 33130

# DO NOT WRITE IN THIS SPACE

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.	

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

9.

NAME STREET ADDRESS CITY-ST-ZIP	MGRM DVI PARTNERS, LTD. 1001 N. US HIGHWAY 1, SUITE 800 JUPITER, FL 33477	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
THTLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I basely contifu that the information conclined with this filing does not qualify for the		

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling 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 empowerage execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

561-207-2700

Daytime Phone #