

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-06-2006 90169 003 ****50.00

DOCUMENT # M04000005556

1. Entity Name
DHM TAMPA HOTEL 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**

20005121



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2023111**
APPLIED FOR

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

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

Name

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

City

FL

Zip Code

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

**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
NAME **MGRM** ☐ Delete
STREET ADDRESS **DRIFTWOOD HOSPITALITY MANAGEMENT, LLC**
CITY-ST-ZIP **1001 N. US HIGHWAY 1, SUITE 800
JUPITER, FL 33477**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: Lawrence Carballo Lawrence Carballo.

1-9-06 561-207-2700

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

Date

Daytime Phone #