

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003799

FILED
Apr 19, 2006
Secretary of State

Entity Name: FONTAINEBLEAU RESORT HOLDINGS, LLC

Current Principal Place of Business:

19501 BISCAYNE BLVD., SUITE 400
AVENTURA, FL 33180

New Principal Place of Business:

19950 WEST COUNTRY CLUB DRIVE
TENTH FLOOR
AVENTURA, FL 33180

Current Mailing Address:

19501 BISCAYNE BLVD., SUITE 400
AVENTURA, FL 33180

New Mailing Address:

19950 WEST COUNTRY CLUB DRIVE
TENTH FLOOR
AVENTURA, FL 33180

FEI Number: 20-2430138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMINE, MARIO
C/O TURNBERRY ASSOCIATES
19501 BISCAYNE BLVD., STE. 400
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ROMINE, MARIO
19950 WEST COUNTRY CLUB DRIVE
TENTH FLOOR
AVENTURA, FL 33180 US

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.

SIGNATURE:

04/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FONTAINEBLEAU RESORT, S, LLC
Address: 19501 BISCAYNE BLVD., SUITE 400
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FONTAINEBLEAU RESORT, S, LLC
Address: 19950 WEST COUNTRY CLUB DRIVE, TENTH FLOOR
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY SOFFER

MGR

04/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date