2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90058 012 ****50.00

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04202006 Chg-LLC CR2E083 (11/05)

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1. Entity Name
HARBOUR ISLAND OWNER L.L.C.

Principal Place of Business	Mailing Address
C/O BLACKSTONE REAL ESTATE PARTNERS 345 PARK AVENUE NEW YORK, NY 10154	C/O BLACKSTONE REAL ESTATE PARTNERS 345 PARK AVENUE NEW YORK, NY 10154

2. Principal Place of Business	3. Mailing Address
207 Grandview DR.	207 Grandview DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Mitchell, KY	City & State: Fort Mitchell, KY
Zip: 41017 Country: USA	Zip: 41017 Country: USA

4. FEI Number: 20-3245904 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
City: Plantation FL Zip Code: 33324

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: Carol Record [signature] Carol Record, CT Corporation System 4-26-06
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 / STREET ADDRESS / CITY-ST-ZIP	MGRM HARBOUR ISLAND MEZZ L.L.C. 345 PARK AVENUE NEW YORK, NY 10154	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Columbia Sussex Corporation 207 Grandview Dr. Ft. Mitchell, KY 41017	☐ Change ☒ Addition
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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: [signature] 4/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #