

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005519

FILED
Apr 25, 2007
Secretary of State

Entity Name: REGENT FLORIDA EMPLOYER CORP. LLC

Current Principal Place of Business:

701 CARLSON PARKWAY
MINNETONKA, MN 55305

New Principal Place of Business:

Current Mailing Address:

ATTN: TAX DEPARTMENT
P.O. BOX 59159
MINNEAPOLIS, MN 554598250

New Mailing Address:

FEI Number: 76-0803228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARLSON HOTELS MANAG, EMENT CORPORAT I ON
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: MGR () Delete
Name: WITZEL, JAY
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: MGR () Delete
Name: DIRACLES, JOHN M JR
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: MGR () Delete
Name: PETERSON, JAMES H
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: MGR () Delete
Name: BEHA, RALPH W
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: O'CALLAGHAN, SHELLY
Address: 701 CARLSON PARKWAY
City-St-Zip: MINNETONKA, MN 55305

I hereby certify that the information supplied with this filing does not qualify 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: JAMES H. PETERSON

MGR

04/25/2007

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