2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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FILED Jan 09, 2008 08:00 Al Secretary of State

DOCUMENT # M05000006341

HEI FT. LAUDERDALE AIRPORT LLC



Principal Place of Business

C/O HEI HOSPITALITY 101 MERRITT 7, 1ST FLOOR NORWALK, CT 06851

Mailing Address

C/O HE! HOSPITALITY 101 MERRITT 7, 1ST FLOOR NORWALK, CT 06851



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3669596 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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8. The above named of the obligations of re			statemen	for the purpo:	se of changing it	s registered offic	e or registered	agent, or both	i, in the State of Flor	rida. I am familia	ar with, and a	ccept
DIOMATURE	m.	-		-	-							

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

١	9.	MANAGING MEMBERS/MANAGERS					
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDELL, GARY 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR NORWALK, CT 06851					
	TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR MENDELL, STEPHEN 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR NORWALK, CT 06851					
	TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR RUTLEDGE, ANTHONY 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR NORWALK, CT 06851					
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANRATTIE, CLARK 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR NORWALK, CT 06851					
	TITLE NAME STREET ADDRESS CITY-ST-ZIP						
	TITLE NAME STREET ADDRESS						

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information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information 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 property that the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes. i hereby certify that the indicated on this report limited liability company

SIGNATURE:

CITY-\$1-ZIP

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

Dayume Phone #