2008 LIMITED LIABILITY COMPANY

FILED Apr 17, 2008 08:00 A tate

ANNUAL REPORT				Secretary of S	
DOCUMENT # M0500006589 1. Entity Name 316 NORTHEAST SECOND STREET OWNER, LLC					secretary or S
Principal Place of Business Mailing Address 390 PARK AVENUE THIRD FL NEW YORK, NY 10022 Mailing Address 390 PARK AVENUE THIRD FL NEW YORK, NY 10022					
NEW TORK, I	11 10022	HEN TORK, NT 10022		I MEREEK ILI EERHI ONN ERKI DONI BEIN E	MILL MUNITE MILAN WINDL HOLIN INCOME AND AND
DO NOT WRITE IN THIS SPACE				01112008 No Chg-LLC	CR2E083 (12/07)
			9 2 1 1 1	4. FEI Number	Applied For
				20-3841355 5. Certificate of Status Desired	Not Applicable \$5.00 Additional
	6. Name and Address of Current R				Fee Required
		efigracon Main			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				E DONOTAW	VITE IN THE STATE
PLANTAT	ION, FL 33324			NTAS SP	NGE I I I I
	named entity submits this statement for	the purpose of changing its register	ed office or register	ed agent, or both, in the State of Flori	da. I am familiar with, and accept
<u>•</u>					
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title II applicable. (NOTE: Registers	ed Agent algneture required	t when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.78				U00000 04/30/08~	903727 80057-006 138.75
9.	MANAGING MEMBER	RS/MANAGERS			
TITLE NAME	MGRM FLORIDA HOTELS HOLDING, LL	С			
STREET ADDRESS CITY-ST-ZIP	390 PARK AVENUE THIRD FL NEW YORK, NY 10022				
TITLE	INCOME TORK, INT. TOURS		- 1		
NAME STREET ADDRESS					
CITY-ST-ZIP					
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TITLE NAME	,				

11. I hereby certify that the information supplied with this filling 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 me signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee exponented to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

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

305-531-3503

Daylime Phone #