

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90277 032 ****50.00

DOCUMENT # M06000000122					
1. Entity Name MIAMI HOSPITALITY PARTNERS LLC					
Principal Place of Business C/O MILLENNIUM PARTNERS 1995 BORADWAY, 3RD FLOOR NEW YORK, NY 10023			Mailing Address C/O MILLENNIUM PARTNERS 1995 BORADWAY, 3RD FLOOR NEW YORK, NY 10023		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02072007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4189797				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALUMBO, MARIO 1995 BROADWAY NEW YORK, NY 10023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AARONS, PHILIP 1995 BROADWAY NEW YORK, NY 10023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURTIS, ART 1995 BROADWAY NEW YORK, NY 10023	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

60015869



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000000122

1. Entity Name
MIAMI HOSPITALITY PARTNERS LLC

COPY



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C/O MILLENNIUM PARTNERS
1995 BROADWAY, 3RD FLOOR
NEW YORK, NY 10023

Mailing Address
C/O MILLENNIUM PARTNERS
1995 BROADWAY, 3RD FLOOR
NEW YORK, NY 10023

ATTACHMENT

#60015869

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3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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02072007

Chg-LLC

CR2E083 (12/06)

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20-4189797

Applied For

Not Applicable

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\$5.00 Additional
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9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI, FL 33156

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FL

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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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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NEW YORK, NY 10023 ☒ Delete

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SIGNATURE:

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

Date

Daytime Phone #