## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M06000000122

MIAMI HOSPITALITY PARTNERS LLC



**FILED** 

Feb 15, 2007 8:00 am Secretary of State 02-15-2007 90277 032 \*\*\*\*50.00

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

Principal Place of Business C/O MILLENNIUM PARNTERS			Mailing Address C/O Mit I FNNttiM PARN	Mailing Address C/O MILLENNIUM PARNTERS			100168109				
1995 BORADWAY, 3RD FLOOR NEW YORK, NY 10023			1995 BORADWAY, 3RD FLOOR NEW YORK, NY 10023			600/5869					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E0	83 (12/06)		
City & State			City & State			4. FEI Numl			<del>   </del>	plied For at Applicable	
Zip	Country		Zip	Coun	itry	5. Certificat	e of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Curren	t Registered Agent				d Address of New F	legistered /	Agent		
LIMITED C	LINUTED CORROBATE CERVICES INC				Name						
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE MIAMI, FL 33156			508		Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod	e	
8 The above	named entity	submite this statement t	or the purpose of changing its	register	ed office or regist	tered agent or h	oth in the State of Ele		familiar with	and accept	
	ions of regist			registeri	ed diffee of regist	lered agent, or o	Dill, HI (HE State OF FR	Jilua, Falli	arrillar with,	and accept	
SIGNATURE .	•	×									
	Signature, typed	or printed name of registered ager	t and title if applicable. (NOTE	: Registere	d Agent signature requir	red when reinstating)	· · ·	DATE			
	ling Fee i	s \$50.00					ł	e check p	•		
<i>-</i>	ue by May	1, 2007					Fioria	a Departm	ent of State	8	
9.	<del>`</del>	MANAGING MEMB	L ERS/MANAGERS	10.			ADDITIONS.	/CHANGES	<del></del>		
TITLE	MGRM	,	☐ Delete	TITU	E				☐ Change	Addition	
NAME .	PALUMBO	D, MARIO		NAM	ε					_	
STREET ADDRESS	1995 BRC	ADWAY		STRE	ET ADDRESS						
CITY-ST-ZIP	NEW YOR	RK, NY 10023		CITY	-ST-ZIP						
TITLE	MGRM		Delete	TITL	E				☐ Change	☐ Addition	
NAME	AARONS,			NAM							
* STREET ADDRESS CITY-ST-ZIP	1995 BRC	RK, NY 10023			ET ADDRESS - ST - ZIP						
	MGRM	(K, NT 10023	<b>5</b> 2				··				
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CITY-ST-ZIP		RK, NY 10023			-ST-ZIP						
TITLE			Delete	TITL	F	***************************************			☐ Change	Addition	
NAME			<u> </u>	NAM	li li				onungo		
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE			☐ Delete	TITL	Ε				☐ Change	Addition	
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CITY-ST-ZIP					-ST-ZIP			<del></del>			
TITLE			L. Delete	TITL	i				Change	Addition	
NAME STREET ADDRESS		~		NAM							
CITY-ST-ZIP		1			et address -st-zip						
	ertify that the	information antique	th this filling does not qualify for			id in Chanter 11	Florida Statutos 16	urther cortif	, that the infe	venstion	
indicated limited lial	on this repor bility compar	t is true and accurate an	th this filing does not qualify for d that my signature shall have t se empowered to execute this i	the same	e legal effect as if s required by Cha	f made under oa apter 608, Florida	h; that I am a mana; Statutes.	ging membe	er or manage	er of the	

Date

Daytime Phone #

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M0600000122  1. Entity Name MIAMI HOSPITALITY PARTNERS LLC  Principal Place of Business  Mailing Address						ATTACHMENT				
1995 BORAD NEW YORK, N	IUM PARNTERS WAY, 3RD FLOOR Y 10023 ace of Business - No P.O. Box #	C/O MILLENNIUM PARNTERS 1995 BORADWAY, 3RD FLOOR NEW YORK, NY 10023  3. Mailing Address			#60015869					
Suite, Apt.		Suite. Apt. #. etc.			'					
City & State		City & State			02072007 4. FEI Numbe	Chg-LLC	CR2E08	3 (12/06) Apr	plied For	
Zip	Country	Zip Counti		atry	5. Certificate of Status Desired		<b>\$</b>	Not Applicable \$5.00 Additional		
	6. Name and Address of Current	Registered Agent		1		Address of New F	<u>ب</u> ب	ee Required		
UNITED C	ORPORATE SERVICES, INC.			Name						
	TH DADELAND BLVD., SUITE	508		Street Address (P.O. Box Number is Not Acceptable)						
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	named entity submits this statement for			City			FL	Zip Code		
	Signature, typed or printed name of registered agent ling Fee is \$50.00 ue by May 1, 2007	and title if applicable. (NO)	E: Registere	ed Agent signature required	d when reinstating)		DATE ke check pa a Departme			
9.	MANAGING MEMBE	ERS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALUMBO, MARIO 1995 BROADWAY NEW YORK, NY 10023	☐ Delete		· I				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AARONS, PHILIP 1995 BROADWAY NEW YORK, NY 10023	☐ Đelete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURTIS, ART 1995 BROADWAY NEW YORK, NY 10023	<b>⊠</b> Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CIT	ME REET ADDRESS Y-ST-ZIP	19-74-			☐ Change	Addition	
11. I hereby of indicated limited lia	certify that the information supplies with on this report is true and accurate and billity company or the receiver ox ruster.  URE:  SIGNATURE AND TYPED AN PRINTED NAME OF	<u>)</u>				Florida Statutes, I in; that I am a mana Statutes.		that the info r or manage sytime Phone #	ormation or of the	