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Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

DEPARENTUET OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

July 10, 2007

KIMBERLY MORET CSC TALLAHASSEE, FL

SUBJECT: APHM STUDIO CITY, LLC

Ref. Number: W07000032638



We have received your document for APHM STUDIO CITY, LLC and the authorization to debit your account in the amount of \$160.00. However, the document has not been filed and is being returned for the following:

Please list the NAMES and ADDRESSES of the MANAGERS or MANAGING MEMBERS in Item 9.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 107A00043894



ACCOUNT NO. : 072100000032

REFERENCE: 988644

7250935

AUTHORIZATION C

COST LIMIT

\$~160.00

ORDER DATE : July 9, 2007

ORDER TIME : 9:18 AM

ORDER NO. : 988644-010

CUSTOMER NO: 7250935

Please give originate as fi

FOREIGN FILINGS

NAME: APHM STUDIO CITY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGI LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. APHM Studio City, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company, (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writtenconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 4 June 19, 2007 5 Perpetual (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 8910 University Center Lane, Suite 100 San Diego, CA 92122 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: American Property Hospitality Management, LLC 8910 University Center Lane, Suite 100, San Diego, CA 92122 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official Inwing custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Hotel Ownership Signature of a member or an authorized representative of a member. (In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Michael S. Gallegos

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507. FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the	e Limited Liability Company is:	
APHM Studio C	City, LLC	
If name unavailable	te, the alternate name to be used in	n the state of Florida is:
2. The name and the	he Florida street address of the re	gistered agent and office are:
Corporation Service Company		
	(Nan	ic)
1201 Hays Street		
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
T	allahassee	FL 32301
******	City/	State/Zip
liability company a agent and agree to relating to the prop	it the place designated in this certif act in this capacity. I further agre over and complete performance of m position as registered agent as prov	scrvice of process for the above stated limited ficate. I hereby accept the appointment as registered e to comply with the provisions of all statutes by duties, and I am familiar with and accept the fided for in Chapter 608, Florida Statutes. Thereby B. Moret as its agent

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APHM STUDIO CITY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APHM STUDIO CITY, LLC" WAS FORMED ON THE NINETEENTH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

A STATE OF THE STA

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070728363

Darriet Smith Hindron

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 5775165

DATE: 06-20-07