

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000003458

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** ASTON HOTELS & RESORTS, LLC

**Current Principal Place of Business:**

2155 KALAKAUA AVENUE, SUITE 500  
HONOLULU, HI 968152354

**New Principal Place of Business:**

2155 KALAKAUA AVENUE  
SUITE 500  
HONOLULU, HI 96815

**Current Mailing Address:**

2155 KALAKAUA AVENUE, SUITE 500  
HONOLULU, HI 968152354

**New Mailing Address:**

2155 KALAKAUA AVENUE  
SUITE 500  
HONOLULU, HI 96815

**FEI Number:** 13-4207830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BLOOM, KELVIN  
**Address:** 2155 KALAKAUA AVENUE, SUITE 500  
**City-St-Zip:** HONOLULU, HI 968152354

**Title:** MGR  
**Name:** GALEA, JOHN A  
**Address:** 6262 SUNSET DRIVE  
**City-St-Zip:** MIAMI, FL 33143

**Title:** MGR  
**Name:** KINCKE, VICTORIA J  
**Address:** 6262 SUNSET DRIVE  
**City-St-Zip:** MIAMI, FL 33143

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** VICTORIA J. KINCKE

MGR

03/23/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date