

**M12000004045**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

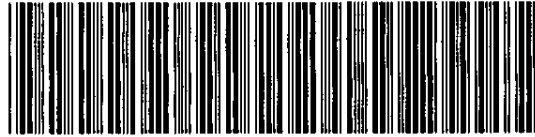
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**000237072350**

08/03/12--01028--011 \*\*55.00

RECEIVED  
2012 AUG -3 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 AUG -3 AM 10:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**AUG - 6 2012**

**EXAMINER**

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 08/03/2012

REF. #: 001495.170695

CORP. NAME: BB HOTEL OWNER JV, LLC

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK           | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP              | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                           | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |  |
| <input type="checkbox"/> OTHER:                      |   |  |

STATE FEES PREPAID WITH CHECK# 100407 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

FILED

12 AUG -3 AM 10: 02

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: BB Hotel Owner JV, LLC
2. This entity was formed under the laws of: Delaware
3. This entity was authorized to transact business in Florida on 07/18/2012  
and its Florida document/registration number is M12000004045
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Russell Flicker

745 Fifth Ave. 33rd Floor

New York, NY 10151

MGR

Jonathan Rosenfeld

745 Fifth Ave. 33rd Floor

New York, NY 10151

MGR

Bernard Michael

60 Columbus Circle, 20th Floor

New York, NY 10023

MGR

Chad Cooley

140 West 57th St. Suite 9D

New York, NY 10019

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Required Signature: \_\_\_\_\_

Signature of Manager, Managing Member or Member

Filing Fee: \$25