2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# P97000102660

Entity Name: SWIRE LIMITED HOTEL INC.

Current Principal Place of Business:

ATTN: BEVERLY CARBY
501 BRICKELL KEY DRIVE STE 600
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

ATTN: BEVERLY CARBY
501 BRICKELL KEY DRIVE STE 600
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0816110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLAND, GREGG E
501 BRICKELL KEY DRIVE
SUITE 600
MIAMI, FL 33131 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VPOD ( ) Delete
Name: KELLY, J. MEGAN
Address: 501 BRICKELL KEY DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33131

Title: COD ( ) Delete
Name: KERR, KEITH G
Address: 501 BRICKELL KEY DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33131

Title: PDO ( ) Delete
Name: OWENS, STEPHEN L
Address: 501 BRICKELL KEY DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33131

Title: VPST ( ) Delete
Name: TOLAND, GREGG E
Address: 501 BRICKELL KEY DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33131

Title: ASO ( ) Delete
Name: CARBY, BEVERLY
Address: 501 BRICKELL KEY DRIVE, SUITE 600
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JM KELLY VPOD 04/22/2005

Electronic Signature of Signing Officer or Director — Date