104000001099

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ASSIGNMENT

06/30/09--01018--011 **50.00

N. CAUSSEAUX

JUL 2 2009

EXAMINER

COVER LETTER

10:	Division of Corporations			
SURI	ECT: One Bal Harbou	r		
5020	· · · · · · · · · · · · · · · · · · ·	Name of Mark to be	assigned)	
	•			
Dear 9	Sir or Madam:			
The en	nclosed Mark Assignment ar	nd fee(s) are submitt	ted for filing.	
Please	e return all correspondence c	oncerning this matte	er to the followir	ng:
Mori	k I. Aronson (305) 789)_7657		
IVIAII	(Name of Pe			
•	(Name of 1 c	(SOII)		
Holl	and & Knight LLP			
	(Firm/Comp	any)	. <u> </u>	
701	Brickell Avenue, Suite	e 3000		
	(Address)	i	_	
Miai	mi, Florida 33131			
	(City/State and Zi	p Code)		
For fu	arther information concerning	g this matter, please	call:	-
Mar	k I. Aronson	at (305	789-765	7 .
	(Name of Person)	(Area Co	ode & Daytime	(elephone Number)
	Registrati Division Clifton B 2661 Exe	C/COURIER ADDR ion Section of Corporations uilding cutive Center Circle ee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILING FEE: \$50 per class

ASSIGNMENT OF MARK REGISTRATION

1.	The mark to be assigned is: One Bal H	arbour		
2.	Registration Number: T0400001099			3 3 n
3.	(a) Assignor's name: WCI Communities	es, Inc.		
			den Center Drive	ED P
	·	Bonita Spr	rings, Florida 341.	34 S
			City/State	e/Zip
•	If Different, Assignor's Mailing Address:			
			City/State	e/Zip
4.	(a) Assignee's name: ElCom Hotel &	Spa, LLC	•••	
•	(b) Assignee's Business Address:		hwest 57th Court,	Suite 515
	·	Miami, Fl	orida 33143	
		···········	City/State	e/Zip
	If Different, Assignee's Mailing Address	:		
			,	
			City/State	e/Zip
	(c) Assignee's telephone number: (305 Individual Corporatio	n	Joint Venture	Limited Liability Company
	General Partnership Limited Pa	rtnership	Union	Other:
If	other than an individual, (1) Florida registration/ document numbe (3) Federal Employer Identification Num		9-5524/ ₍₂₎	Domicile State:

	gether with the good will of the business in which the mark is innected with the use of and symbolized by the mark) is hereby
assigned by WCI Communities, Inc.	to ElCom Hotel & Spa, LLC
(the Assignor)	(the Assignee)
6. Assignor's Signature:	
By Jonathan Pertchik (Typed or Printed Name of Person Signing A	30 FE D
On this 19th day of June, 2009 personally appeared before me,	, Jonathan Pertchik 3
who is personally known to me whose i	dentity I proved on the basis of
(Notary Seal) LEDIA METAJ MY COMMISSION # DD 488010 EXPIRES: November 3, 2009 Bonded Thru Notary Public Underwriters Signature	Itay ire of Notary Public
7. Assignee's Signature:	
By(Typed or Printed Name of Person Signing A	Above)
On this 19th day of June, 2009 personally appeared before me,	,
who is personally known to me whose iden	ntity I proved on the basis of
(Notary Seal)	
Signatu	ure of Notary Public

FILING FEE: \$50 per class Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

used (or that part of the good will of the business connected	
assigned by WCI Communities, Inc.	to ElCom Hotel & Spa, LLC
(the Assignor)	(the Assignee)
6. Assignor's Signature:	
By(Typed or Printed Name of Person Signing Above)	
(Typed or Printed Name of Person Signing Above)	FILED PI
On this 19th day of June, 2009	
On this 19th day of June, 2009 ,,,	
who is personally known to me whose identity	I proved on the basis of
(Notary Seal)	
Signature of N	otary Public
7. Assignee's Signature: 1/5000	
, 0	
By Jorge Arevalo	_
(Typed or Printed Name of Person Signing Above)	
. 19th June 2009	A
On this 19th day of personally appeared before me,	e Arevalo
possessing appeared colors me,	
who is personally known to me whose identity I p	roved on the basis of
(Notary Seal)	
Sin L	\rightarrow \sim \sim
NVCONNISSION # DO 852042 Signature of N	otary Public
EXPIRES: May 15, 2013 Expired Thru Notery Public Underwriters	•

FILING FEE: \$50 per class
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314