


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 15, 2005 8:00 am**  
**Secretary of State**

06-15-2005 90038 027 \*\*\*\*50.00

<b>DOCUMENT # Z00301</b> 1. Entity Name <b>CARNICON-VENEZUELA HOTEL CONSULTANTS, L.C.</b>					
Principal Place of Business <b>1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207</b>			Mailing Address <b>1950 STEMMONS FREEWAY, SUITE 6001 DALLAS, TX 75207</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHC HOTELS & RESORTS, CORP.		NAME		
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARNICON HOLDINGS CORP.		NAME		
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLEISNER, FRED		NAME		
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TANG, TED		NAME		
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RICK		NAME		
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDRICK, JUDY		NAME		
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75207		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b> <i>Michael Higa</i>			<i>Michael Higa</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			Daytime Phone #		