

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91597 026 \*\*\*\*50.00

DOCUMENT # L96000001161

1. Entity Name

European Hotels Representations, L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**800 WEST AVENUE**

3. Mailing Address  
**800 WEST AVENUE**

Suite, Apt. #, etc.  
**SUITE 335**

Suite, Apt. #, etc.  
**SUITE 335**

City & State  
**MIAMI BEACH, FLORIDA**

City & State  
**MIAMI BEACH, FLORIDA**

Zip

Country  
**U.S.A.**

Zip  
**33139**

Country  
**U.S.A.**

4. FEI Number **65-0707310**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **STEVEN A. EDELSTEIN**

Street Address (P.O. Box Number is Not Acceptable)

**1200 ANASTASIA AVENUE, SUITE 300**

City **CORAL GABLES**

**FL**

Zip Code  
**33134-6364**

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.

SIGNATURE

*Steven A. Edelstein*  
**STEVEN A. EDELSTEIN**

May 21, 2002

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM PALMADA, JUAN 1200 ANASTASIA AVE., SUITE 300 CORAL GABLES, FL 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MARANZANA, DAVID 800 WEST AVENUE, SUITE 335 MIAMI BEACH, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM R.H.I. REPRESENTACIONES HOTELERAS INT. S.A. CALLE 7, AVENIDAS 9 Y 11, NO. 927 SAN JOSE, COSTA RICA</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SUERETH, FRANCESCA 800 WEST AVENUE, SUITE 335 MIAMI BEACH, FL 33139</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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.

SIGNATURE: *Juan Palmada* **JUAN PALMADA, MANAGING MEMBER**

**MAY 21, 2002**

**305-538-9697**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #