

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001161

FILED
Jun 30, 2005
Secretary of State

Entity Name: EUROPEAN HOTELS REPRESENTATION, L.C.

Current Principal Place of Business:

800 WEST AVENUE SUITE 335
MIAMI, FL 33139

New Principal Place of Business:

Current Mailing Address:

800 WEST AVENUE SUITE 335
MIAMI, FL 33139

New Mailing Address:

FEI Number: 65-0707310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EDELSTEIN, STEVEN A
1200 ANASTASIA AVENUE SUITE 300
CORAL GABLES, FL 331346364 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARANZANA, DAVID
Address: 800 WEST AVENUE SUITE 335
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: RHI REPRESENTACIONES, HOTELERAS INT E RNACION
Address: 800 WEST AVENUE STE 335
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: SUERETH, FRANCESCA
Address: 800 WEST AVENUE SUITE 335
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: PALMADA, JUAN
Address: 800 WEST AVENUE STE 335
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: CIACCIO, GAETA NO D
Address: 800 WEST AVENUE STE 335
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: CIACCIO, ANDREA D
Address: 800 WEST AVENUE STE 335
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

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
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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 is true and accurate and that my electronic 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: FRANCESCA SUERETH

MGRM

06/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date