

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001161

FILED  
Jan 08, 2007  
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 ( )

**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  
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 Chapter 119, 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: DAVID MARAZANA

DIR

01/08/2007

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