CT CORPORATION

CORPORATION(S) NAME	MUUDOC	10000000000000000000000000000000000000				
			· · · ·			
FelCor/CMB Orsouth Hotel, L.L.C.		3000050 62/28/9	268538 ; 268538 ;			
() Profit () Nonprofit	() Amendment	*****25 , () Merger	.00 ****25.00			
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark				
(Dimed Partnership ()LCE	() Annual Report () Name Registration () Fictitious Name	() Other (X) Change of RA () UCC				
() Certiffed Copy	() Photocopies	() CUS				
() Call Waen Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	APP FI 02 FEB 28 SECRETAR A LAHASI			
Name Availability Document	2/28/02	Order#: 5160905	RY OF STATE			
Examiner Updater Verifier		Ref#:				
W.P. Verifier		Amount: \$	5.i			

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 \$ 80L

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limi	ted liability compa	ny is: FelCor/CMB Orse	outh Hotel, L.L.C.	
2. The mailing address	of the limited liabi	lity company is: 545	E. John Carpenter Free	way, Suite 1300
		Irvi	ng, Texas 750692	
April 28, 2000	· · · · · · · · · · · · · · · · · · ·		M 00 000000846	
3. Date of filing/registra	ition in Florida	4.]	Document number	
5. The name of the regis Florida Department of	tered agent and the f State:	e registered office addr	ess as shown on the	records of the
	Con	poration Service Company		
	1.00	Name	,	•
		1201 Hays Street		
		Address		
		Tallahassee, FL 32301		Z., O
		City, State and Zip		25 N
6. The name and address	of the new registe	ered agent and/or office	: :	FEB 2 CRETA
	C T Corporation Sy	stem		%87 88 89
		Name		ing 😎 🗀
	1200 South Pine Isla	and Road		
	Florida street a	ddress (P.O. Box NO 1	acceptable)	EB 28 PM 1: 44 RETARY OF STATE AHASSEE, FLORIDA
	Plantation	FL 33324		····
	(City, State and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement (Signature of a member or author)	change or changes f the registered agereby confirmed the ed liability compar of the limited liab	are made, the Florida sent will be identical. (at the change(s) was/way or as otherwise provility company.	street address of the	registered office
Michael Jones, Attorney in Fa (Printed or typed name of signee)	Atticularing		k. .
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm CT Corporation System	//		act in this capacity ad complete perforn as registered agent of flect a change in the een notified in writi	I further agree to tance of my duties, as provided for in registered officeing of this change.
(Signature of Registere d Agent		Michael E. Jones		
Divisi	on of Corporatio	hssiptent Box 6327, Ta	llahassee, FL 3231	14
INHS18(10/99)	I	FILING FEE: \$25.00		

FL015- 9/27/99 C T System Online