

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000004246

1. Entity Name
FHR TB LLC



Principal Place of Business
650 CALIFORNIA ST, 12TH FLOOR
SAN FRANCISCO, CA 94108

Mailing Address
650 CALIFORNIA ST, 12TH FLOOR
SAN FRANCISCO, CA 94108



01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0514110

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAIRMONT HOTELS & RESORTS (U.S.) INC. 650 CALIFORNIA ST, 12TH FLOOR SAN FRANCISCO, CA 94108
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03/01/05-80023-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Feb 28, 2005

Date

416 874 2850

Daytime Phone #