2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90015 049 ***138.75

DOCUMENT # M04000005245

1. Entity Name
HHC TRS LC PORTFOLIO LLC

60028352

Principal Place of Business	Mailing Address
1650 TYSONS BLVD. SUITE 1600 MCLEAN, VA 22102	1650 TYSONS BLVD. SUITE 1600 MCLEAN, VA 22102

01042008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O JER, 1650 TYSONS BLVD.	C/O JER, 1650 TYSONS BLVD.
Suite, Apt. #, etc.: SUITE 1600	Suite, Apt. #, etc.: SUITE 1600
City & State: MCLEAN, VA	City & State: MCLEAN, VA
Zip: 22102-4846 Country: USA.	Zip: 22102-4846 Country: USA

4. FEI Number: 20-0382323 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GILBERT, ALEXANDER P 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER ALEXANDER P. GILBERT C/O JER, 1650 TYSONS BLVD., STE. 1600 MCLEAN, VA 22102-4846	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCKLEY, CIA 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER JAMES W. SMITH III C/O JER, 1650 TYSONS BLVD., STE. 1600 MCLEAN, VA 22102-4846	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SMITH, III, JAMES W 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGER DEVIN W. CHEN C/O JER, 1650 TYSONS BLVD., STE. 1600 MCLEAN, VA 22102-4846	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPCO CHEN, DEVIN 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS BEST, GERALD R 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPAS MCGILLIS, J. M 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] DEVIN W. CHEN, MANAGER 4/11/08 703-714-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #