## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**DOCUMENT # M06000002763** 

1. Entity Name

RLJ II - RH PLANTATION, LLC



FILED Mar 27, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

3 BETHESDA METRO CENTER, SUITE 1000 BETHESDA, MD 20814 3 BETHESDA METRO CENTER, SUITE 1000 BETHESDA, MD 20814



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-4789935		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

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	re named entity submits this statement for the purpose of chang ations of registered agent.	ging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RLJ LODGING II MASTER, LLC 3 BETHESDA METRO CENTER, SUITE 1000 BETHESDA, MD 20814
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

04/04/07-20040-001, 250/01

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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: MANNE

Frederick McKalip, Asst. Secretary, RLJ Lodging II Master LLC 1/25/07 301-280-7734

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

Date

Daytime Phone #