

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001056

FILED
Mar 03, 2010
Secretary of State

Entity Name: FELCOR/CSS (SPE), L.L.C.

Current Principal Place of Business:

545 E. JOHN CARPENTER FRWY., SUITE 1300
IRVING, TX 75062

New Principal Place of Business:

Current Mailing Address:

545 E. JOHN CARPENTER FRWY., SUITE 1300
IRVING, TX 75062

New Mailing Address:

FEI Number: 75-2544994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: SMITH, RICHARD A
Address: 545 E. JOHN CARPENTER FRWY., SUITE 1300
City-St-Zip: IRVING, TX 75062

Title: MGRM
Name: WELCH, ANDREW J
Address: 545 E. JOHN CARPENTER FRWY., SUITE 1300
City-St-Zip: IRVING, TX 75062

Title: MGRM
Name: YELLEN, JONATHAN H
Address: 545 E. JOHN CARPENTER FRWY., SUITE 1300
City-St-Zip: IRVING, TX 75062

Title: MGR
Name: MUNDY, LARRY J
Address: 545 E. JOHN CARPENTER FRWY., SUITE 1300
City-St-Zip: IRVING, TX 75062

Title: MGR
Name: NYE, CHARLES N
Address: 545 E. JOHN CARPENTER FRWY., SUITE 1300
City-St-Zip: IRVING, TX 75062

Title: MGR
Name: NAVITSKAS, ALLISON S
Address: 545 E. JOHN CARPENTER FRWY., SUITE 1300
City-St-Zip: IRVING, TX 75062

I hereby 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: JONATHAN H. YELLEN

MGRM

03/03/2010

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