

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **M95000000082**

RITZ A

1. Entity Name
THE RITZ-CARLTON HOTEL COMPANY, L.L.C., L.C.

00 APR 18 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10400 FERNWOOD ROAD
DEPT. 924.13
BETHESDA MD 20817

Mailing Address
1013 CENTRE ROAD
WILMINGTON DE 19805-1265



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
10400 FERNWOOD ROAD
DEPT. 924.13

DO NOT WRITE IN THIS SPACE
mwm

City & State
BETHESDA, MD.

4. FEI Number
58-2168815

Applied For
 Not Applicable

Zip
20817

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, WILLIAM B 3414 PEACHTREE ROAD N.E., SUITE 300 ATLANTA GA 30326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEPHENS, J. RICHARD 3414 PEACHTREE ROAD N.E., SUITE 300 ATLANTA GA 30326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILDMAN, JAMES H 120 W. 45TH STREET NEW YORK NY 10036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SULLIVAN, JAMES M ONE MARRIOTT DRIVE WASHINGTON DC 10058	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYAN, J. JOSEPH ONE MARRIOTT DRIVE WASHINGTON DC 10058	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PULSE, M. L. JR. ONE MARRIOTT DRIVE WASHINGTON DC 10058	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEVIN M. KIMBALL 10400 FERNWOOD ROAD BETHESDA, MD. 20187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN SPENCER FEREBEE 10400 FERNWOOD ROAD BETHESDA, MD. 20187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEFFREY A. HOLDAWAY 10400 FERNWOOD ROAD BETHESDA, MD. 20187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NANCY L. BENZ 10400 FERNWOOD ROAD BETHESDA, MD. 20187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: *Nancy L. Benz* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **NANCY L. BENZ** *4/12/00* Date **(301) 380-8742** Daytime Phone #

CR20083 (0/00)