


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # M95000000082					
1. Entity Name THE RITZ-CARLTON HOTEL COMPANY, L.L.C.					
Principal Place of Business 10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA, MD 20817			Mailing Address 10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA, MD 20817		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				4. FEI Number 58-2168815	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, SIMON F			NAME	
STREET ADDRESS	10400 FERNWOOD ROAD			STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20817			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PULSE, M. LESTER JR			NAME	
STREET ADDRESS	10400 FERNWOOD ROAD			STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20187			CITY-ST-ZIP	
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDAWAY, JEFFREY			NAME	
STREET ADDRESS	10400 FERNWOOD ROAD			STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20187			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, WILLIAM DAVID			NAME	
STREET ADDRESS	10400 FERNWOOD ROAD			STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20187			CITY-ST-ZIP	
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZ, NANCY L			NAME	
STREET ADDRESS	10400 FERNWOOD ROAD			STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20187			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHMAN, KENNETH R			NAME	
STREET ADDRESS	10400 FERNWOOD ROAD			STREET ADDRESS	
CITY-ST-ZIP	BETHESDA, MD 20187			CITY-ST-ZIP	
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: <i>Nancy L Benz</i>				Date: <i>3/24/06</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



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U00000523385
05/03/06-80070-012 150.00
 Change Addition