2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# M95000000082

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

Current Principal Place of Business:

10400 FERNWOOD ROAD
DEPT. 924.13
BETHESDA, MD 20817

New Principal Place of Business:

Current Mailing Address:

10400 FERNWOOD ROAD
DEPT. 924.13
BETHESDA, MD 20817

New Mailing Address:

PO BOX 699
LOUISVILLE, TN 37777

FEI Number: 58-2168815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: KARIN DUNN 04/17/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	COOPER, SIMON F	
Address:	10400 FERNWOOD ROAD	
City-St-Zip:	BETHESDA, MD 20817	
Title:	VP	( ) Delete
Name:	PULSE, M. LESTER JR	
Address:	10400 FERNWOOD ROAD	
City-St-Zip:	BETHESDA, MD 20817	
Title:	S	( ) Delete
Name:	CHENG, J. WEILI	
Address:	10400 FERNWOOD RD	
City-St-Zip:	BETHESDA, MD 20817	
Title:	AS	( ) Delete
Name:	STANT, JEFF B	
Address:	10400 FERNWOOD RD	
City-St-Zip:	BETHESDA, MD 20817	
Title:	AS	(X) Delete
Name:	BENZ, NANCY L	
Address:	10400 FERNWOOD ROAD	
City-St-Zip:	BETHESDA, MD 20817	
Title:	T	( ) Delete
Name:	CONNELLY, JIM P	
Address:	10400 FERNWOOD RD	
City-St-Zip:	BETHESDA, MD 20817	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	JORDAN, HORACE E	
Address:	10400 FERNWOOD ROAD	
City-St-Zip:	BETHESDA, MD 20817	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AS	(X) Change ( ) Addition
Name:	FLOYD, LAURA L	
Address:	1965 MARRIOTT DR	
City-St-Zip:	LOUISVILLE, TN 37777	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAURA L FLOYD AS 04/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date