



File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR -2 AM 9:24	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		DOCUMENT # M95000000379			
1. Name and Mailing Address of Limited Liability Company FELCOR/CSS HOTELS, L.L.C. 545 E. JOHN CARPENTER FRWY SUITE 1300 IRVING TX 75062				1a. Principal Place of Business Address 545 E. JOHN CARPENTER FRWY SUITE 1300 IRVING TX 75062	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/26/1995	
City & State		City & State		3a. State of Formation	
Zip		Zip		DE	
Country		Country		4. FEI Number	
				75-2624290	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				03/03/1997	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 200002481672--B 040718987501007*109375 City FL Zip Code		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	CORCORAN, THOMAS J JR.	545 E. JOHN CARPENTER FRWY		IRVING TX	
MGR	FELDMAN, HERVEY A	545 E. JOHN CARPENTER FRWY		IRVING TX	
MGR	CHURCHEY, RANDALL L.	545 E. JOHN CARPENTER FRWY		IRVING TX	
MGR	ROBINSON, LAWRENCE D.	545 E. JOHN CARPENTER FRWY		IRVING TX	

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **Thomas J Corcoran, Jr.**
 President
 Date: **3-23-98** Davt. reg. Phone #: **972-444-4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER