

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M95000000379

FILED
Apr 19, 2005
Secretary of State

Entity Name: FELCOR/CSS HOTELS, 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: 75-2624290 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/MEMBERS:

Title: MGR () Delete
Name: CORCORAN, THOMAS J JR.
Address: 545 E. JOHN CARPENTER FRWY., #1300
City-St-Zip: IRVING, TX 75062

Title: MGR () Delete
Name: ROBINSON, LAWRENCE D
Address: 545 E. JOHN CARPENTER FRWY., #1300
City-St-Zip: IRVING, TX 75062

Title: MGR () Delete
Name: WIESE, THOMAS L
Address: 545 E. JOHN CARPENTER FRWY #1300
City-St-Zip: IRVING, TX 75062

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 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: THOMAS J. CORCORAN, JR. MGR 04/19/2005

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