


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

305

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M98000000220	
1. Entity Name SC ORLANDO, L.L.C.	

Principal Place of Business DEPT. 924.13, 10400 FERNWOOD ROAD BETHESDA, MD 20817	Mailing Address DEPT. 924.13, 10400 FERNWOOD ROAD BETHESDA, MD 20817
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2086953	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MBR MARRIOTT DISTRIBUTION SERVICES, INC. 10400 FERNWOOD ROAD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BENZ, NANCY 10400 FERNWOOD ROAD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000135976  
 04/28/04-20077-018 150.00

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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)(f), 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 Benz 04-23-04 301-380-8742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #