

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000220

Entity Name: SC ORLANDO, L.L.C.

FILED  
Apr 02, 2009  
Secretary of State

**Current Principal Place of Business:**

DEPT. 924.13, 10400 FERNWOOD ROAD  
BETHESDA, MD 20817

**New Principal Place of Business:**

**Current Mailing Address:**

DEPT. 924.13, 10400 FERNWOOD ROAD  
BETHESDA, MD 20817

**New Mailing Address:**

PO BOX 699  
LOUISVILLE, TN 37777

FEI Number: 52-2086953

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:**

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARRIOTT DISTRIBUTIO, N HOLDING CO  
Address: 10400 FERNWOOD ROAD  
City-St-Zip: BETHESDA, MD 20817

Title: AS ( ) Delete  
Name: BENZ, NANCY  
Address: 10400 FERNWOOD ROAD  
City-St-Zip: BETHESDA, MD 20817

**ADDITIONS/CHANGES:**

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

Title: AS (X) Change ( ) Addition  
Name: FLOYD, LAURA  
Address: 1965 MARRIOTT DR  
City-St-Zip: LOUISVILLE, TN 37777

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 FLOYD

AS

04/02/2009

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