

**2000 UNIFORM BUSINESS REPORT (UBR)** 412

APPROVED  
AND  
FILED

0013160 AF

DOCUMENT # **M98000001002**  
1. Entity Name  
**LLB F-SUITES, L.L.C.**

00 MAY -9 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
10400 FERNWOOD ROAD      10400 FERNWOOD ROAD  
521 DEPT 924.13      521 DEPT 924.13  
BETHESDA MD 20817      BETHESDA MD 20817-1109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number **52-2121917**      Applied For  
Not Applicable  
5. Certificate of Status Desired  \$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

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME	MGRM MARRIOTT INTERNATIONAL, INC.	<input type="checkbox"/> Delete
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY- ST- ZIP	BETHESDA MD 20817	
TITLE NAME	MGRM NANCY L. BENZ	<input type="checkbox"/> Delete
STREET ADDRESS	10400 FERNWOOD ROAD	
CITY- ST- ZIP	BETHESDA, MD. 20817	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS / CHANGES

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

CR2E083 (9/99)

11. I 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 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 L. Benz      REQUIRE NANCY L. BENZ      4/12/06      (301) 380-8742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #