2000 UNIFORM BUSINESS REPORT (UBR) DOCÚMENT# M9800001000 1. Entity Name LLB C-HOTEL, L.L.C. Principal Place of Business Mailing Address 10400 FERNWOOD ROAD 10400 FERNWOOD ROAD BETHESDA MD 20817-1109 BETHESDA MD 20817

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Second S	Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent The PRENTICE-HALL- CORPORATION SYSTEM-INC. Street Address (P.O. Box Number is Not Acceptable) City City City City FL Zip Code 6. 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 Signature FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS / MEMBERS MARRIOTI INTERNATIONAL, INC. Statest Address (P.O. Box Number is Not Acceptable) FL Zip Code FL Zip Code FL Zip Code FL Zip Code Addition Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES MARRIOTI INTERNATIONAL, INC. Statest Address (P.O. Box Number is Not Acceptable) FEE Required For Prepared Agent or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES MARRIOTI INTERNATIONAL, INC. Statest Address (P.O. Box Number is Not Acceptable) FEE Required F	City & State	e . :	City & State		4. FEI N	umber 52-2121920	1	<u> </u>	<u> </u>]	
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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 informatic 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:

(301) 380-8742