

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000000846

**Entity Name:** FELCOR/CMB ORSOUTH HOTEL, L.L.C.

**Current Principal Place of Business:**

C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
BETHESDA, MD 20814

**Current Mailing Address:**

C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
BETHESDA, MD 20814 US

**FEI Number:** 75-2874749

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.,  
STE 4  
TALLAHASSEE, FL 32301 US

*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

**Authorized Person(s) Detail :**

Title	MANAGING MEMBER	Title	PRESIDENT AND TREASURER
Name	FELCOR LODGING LIMITED PARTNERSHIP	Name	HALE, LESLIE D.
Address	C/O RLJ LODGING TRUST 7373 WISCONSIN AVENUE, SUITE 1500	Address	C/O RLJ LODGING TRUST 7373 WISCONSIN AVENUE, SUITE 1500
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814
Title	VICE PRESIDENT	Title	VICE PRESIDENT
Name	MAHONEY, SEAN M.	Name	BARDENETT, THOMAS
Address	C/O RLJ LODGING TRUST 7373 WISCONSIN AVENUE, SUITE 1500	Address	C/O RLJ LODGING TRUST 7373 WISCONSIN AVENUE, SUITE 1500
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814
Title	VICE PRESIDENT	Title	VICE PRESIDENT
Name	AMOS, CRAIG	Name	TURNER, NICOLE
Address	C/O RLJ LODGING TRUST 7373 WISCONSIN AVENUE, SUITE 1500	Address	C/O RLJ LODGING TRUST 7373 WISCONSIN AVENUE, SUITE 1500
City-State-Zip:	BETHESDA MD 20814	City-State-Zip:	BETHESDA MD 20814

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SEAN M. MAHONEY

**VICE PRESIDENT**

**04/25/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date