2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001903

Entity Name: FELCOR/JPM ORLANDO HOTEL, L.L.C.

Current Principal Place of Business:

545 E. JOHN CARPENTER FWY., SUITE 1300
IRVING, TX 75062

Current Mailing Address:

545 E. JOHN CARPENTER FWY., SUITE 1300
IRVING, TX 75062

FEI Number: 20-0037081

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

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Electronic Signature of Registered Agent   Date

Authorized Person(s) Detail :

Title	MGR		Title	MGR
Name	SMITH, RICHARD A		Name	YELLEN, JONATHAN H
Address	545 E. JOHN CARPENTER FWY., SUITE 1300		Address	545 E. JOHN CARPENTER FWY., SUITE 1300
City-State-Zip:	IRVING TX 75062		City-State-Zip:	IRVING TX 75062
Title	MGR		Title	OFFICER
Name	HUGHES, MICHAEL C		Name	MUNDY, LARRY J
Address	545 E. JOHN CARPENTER FWY., SUITE 1300		Address	545 E. JOHN CARPENTER FWY., SUITE 1300
City-State-Zip:	IRVING TX 75062		City-State-Zip:	IRVING TX 75062
Title	OFFICER		Title	OFFICER
Name	NYE, CHARLES N		Name	GREEN, BIANCA S
Address	545 E. JOHN CARPENTER FWY., SUITE 1300		Address	545 E. JOHN CARPENTER FWY., SUITE 1300
City-State-Zip:	IRVING TX 75062		City-State-Zip:	IRVING TX 75062

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: JONATHAN H. YELLEN   MANAGER   01/08/2015

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Electronic Signature of Signing Authorized Person(s) Detail   Date