

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002008

Entity Name: CENTEX HOSPITALITY GROUP, LLC**Current Principal Place of Business:**100 BLOOMFIELD HILLS PARKWAY
SUITE 300
BLOOMFIELD HILLS, MI 48304**Current Mailing Address:**100 BLOOMFIELD HILLS PARKWAY
SUITE 300
BLOOMFIELD HILLS, MI 48304 US**FEI Number:** 20-2057788**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 VICE PRESIDENT AND TREASURER
Name ROBINSON, BRUCE
Address 100 BLOOMFIELD HILLS PARKWAY
STE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title ASST VICE PRESIDENT
Name GODLEY, DEBORAH L
Address 100 BLOOMFIELD HILLS PARKWAY
STE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title VICE PRESIDENT AND ASST
SECRETARY
Name NELSON, GREGORY
Address 100 BLOOMFIELD HILLS PARKWAY
STE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title PRESIDENT
Name DUGAS, JR., RICHARD
Address 100 BLOOMFIELD HILLS PARKWAY
STE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title SR VICE PRESIDENT, SECRETARY
AND MANAGER
Name COOK, STEVEN
Address 100 BLOOMFIELD HILLS PARKWAY
STE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title ASST. SECRETARY
Name TRIPP, COLETTE
Address 100 BLOOMFIELD HILLS PARKWAY
SUITE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title ASST. SECRETARY
Name HERNANDEZ, MELISSA
Address 100 BLOOMFIELD HILLS PARKWAY
SUITE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title ASST. SECRETARY
Name PORTER, ROBERT
Address 100 BLOOMFIELD HILLS PARKWAY
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City-State-Zip: BLOOMFIELD HILLS MI 48304

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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: DEBORAH GODLEYASSISTANT VICE
PRESIDENT

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name TREPPA, SUZANNE
Address 100 BLOOMFIELD HILLS PARKWAY
SUITE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title ASST. SECRETARY
Name TRIPP, COLETTE
Address 100 BLOOMFIELD HILLS PARKWAY
SUITE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title ASST. SECRETARY
Name PORTER , ROBERT
Address 100 BLOOMFIELD HILLS PARKWAY
SUITE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title ASST. TREASURER, DIRECTOR OF TREASURY
OPERATIONS
Name LANGEN, DANIEL BRYCE
Address 100 BLOOMFIELD HILLS PARKWAY
SUITE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title ASST. TREASURER, DIRECTOR OF
TREASURY OPERATIONS
Name LANGEN, DANIEL BRYCE
Address 100 BLOOMFIELD HILLS PARKWAY
SUITE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

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