

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002008

Entity Name: CENTEX HOSPITALITY GROUP, LLC**Current Principal Place of Business:**3350 PEACHTREE ROAD NE
SUITE 150
ATLANTA, GA 30326**Current Mailing Address:**3350 PEACHTREE ROAD NE
SUITE 150
ATLANTA, GA 30326 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 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title VICE PRESIDENT AND ASST
SECRETARY
Name NELSON, GREGORY
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 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASST. SECRETARY
Name HERNANDEZ, MELISSA
Address 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326

Title ASST VICE PRESIDENT
Name GODLEY, DEBORAH L
Address 2728 N HARWOOD STREET
3RD FLOOR
City-State-Zip: DALLAS TX 75201

Title PRESIDENT
Name DUGAS, JR., RICHARD
Address 3350 PEACHTREE ROAD NE
SUITE 150
City-State-Zip: ATLANTA GA 30326

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

Title ASST. SECRETARY
Name TREPPA, SUZANNE
Address 100 BLOOMFIELD HILLS PARKWAY
SUITE 300
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

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	ASST. TREASURER, DIRECTOR OF TREASURY OPERATIONS
Name	LANGEN, DANIEL BRYCE
Address	3350 PEACHTREE ROAD NE SUITE 150
City-State-Zip:	ATLANTA GA 30326