

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006766

Entity Name: FELCOR TRS BORROWER 4, 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:** 20-3900525**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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SMITH, RICHARD A
Address 545 E. JOHN CARPENTER FWY.,
SUITE 1300
City-State-Zip: IRVING TX 75062

Title MGR
Name HUGHES, MICHAEL C
Address 545 E. JOHN CARPENTER FWY.,
SUITE 1300
City-State-Zip: IRVING TX 75062

Title OFFICER
Name NYE, CHARLES N
Address 545 E. JOHN CARPENTER FWY.,
SUITE 1300
City-State-Zip: IRVING TX 75062

Title MGR
Name YELLEN, JONATHAN H
Address 545 E. JOHN CARPENTER FWY.,
SUITE 1300
City-State-Zip: IRVING TX 75062

Title OFFICER
Name MUNDY, LARRY J
Address 545 E. JOHN CARPENTER FWY.,
SUITE 1300
City-State-Zip: IRVING TX 75062

Title OFFICER
Name GREEN, BIANCA S
Address 545 E. JOHN CARPENTER FWY.,
SUITE 1300
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**

Electronic Signature of Signing Authorized Person(s) Detail

Date