## **2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006766

Entity Name: FELCOR TRS BORROWER 4, L.L.C.

**FILED** Mar 27, 2013 **Secretary of State** CC9484816791

Date

## **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:

Authorized Person(s) Detail:

Title MGR Title MGR

Electronic Signature of Registered Agent

YELLEN, JONATHAN H Name SMITH, RICHARD A Name

545 E. JOHN CARPENTER FWY., 545 E. JOHN CARPENTER FWY., Address Address

**SUITE 1300 SUITE 1300** 

City-State-Zip: IRVING TX 75062 City-State-Zip: IRVING TX 75062

Title MGR Title MGR

Name WELCH, ANDREW J Name MUNDY, LARRY J

545 E. JOHN CARPENTER FWY., 545 E. JOHN CARPENTER FWY., Address Address

**SUITE 1300 SUITE 1300** 

IRVING TX 75062 City-State-Zip: IRVING TX 75062 City-State-Zip:

Title MGR Title MGR

Name NYE, CHARLES N Name GREEN, BIANCA S

545 E. JOHN CARPENTER FWY., Address 545 E. JOHN CARPENTER FWY., Address

**SUITE 1300 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN H. YELLEN

**MGR** 

03/27/2013