

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007060

Entity Name: FELCOR ST. PETE (SPE), 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: 26-1438830

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	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

Electronic Signature of Signing Authorized Person(s) Detail

Date