

**2018 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M12000006467

**FILED  
Apr 25, 2018  
Secretary of State  
CC0795419491**

**Entity Name:** DJONT/JPM HOSPITALITY LEASING (SPE), L.L.C.

**Current Principal Place of Business:**

3 BETHESDA METRO CENTER  
SUITE 1000  
BETHESDA, MD 20814

**Current Mailing Address:**

3 BETHESDA METRO CENTER  
SUITE 1000  
BETHESDA, MD 20814 US

**FEI Number:** 30-0556909

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC  
11380 PROSPERITY FARMS ROAD  
#221E  
PALM BEACH GARDENS, FL 33410 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            PRESIDENT  
Name            BIERKAN, ROSS  
Address        3 BETHESDA METRO CTR  
                 SUITE 1000  
City-State-Zip: BETHESDA MD 20814

Title            VP  
Name            HALE, LESLIE  
Address        3 BETHESDA METRO CENTER  
                 SUITE 1000  
City-State-Zip: BETHESDA MD 20814

Title            VP AND SECRETARY  
Name            MCKALIP, FREDERICK  
Address        3 BETHESDA METRO CENTER  
                 SUITE 1000  
City-State-Zip: BETHESDA MD 20814

Title            VP  
Name            MAYFIELD, CARL  
Address        3 BETHESDA METRO CENTER  
                 SUITE 1000  
City-State-Zip: BETHESDA MD 20814

Title            VP  
Name            BARDENETT, THOMAS  
Address        3 BETHESDA METRO CENTER  
                 SUITE 1000  
City-State-Zip: BETHESDA MD 20814

*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:** FREDERICK MCKALIP

**VP & SECRETARY**

**04/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date