

2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M13000006407

Entity Name: RLJ CABANA MIAMI BEACH LESSEE, LLC**Current Principal Place of Business:**C/O RLJ LODGING TRUST
3 BETHESDA METRO CENTER, STE. 1000
BETHESDA, MD 20814**Current Mailing Address:**C/O RLJ LODGING TRUST
3 BETHESDA METRO CENTER, STE. 1000
BETHESDA, MD 20814**FEI Number:** 32-0415554**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 MEMBER
Name RLJ LODGING TRUST MASTER TRS, INC.
Address C/O RLJ LODGING TRUST
3 BETHESDA METRO CENTER, STE. 1000
City-State-Zip: BETHESDA MD 20814

Title VP
Name MAHONEY, SEAN M.
Address C/O RLJ LODGING TRUST
3 BETHESDA METRO CENTER, STE. 1000
City-State-Zip: BETHESDA MD 20814

Title VP
Name BARDENETT, THOMAS
Address C/O RLJ LODGING TRUST
3 BETHESDA METRO CENTER, STE. 1000
City-State-Zip: BETHESDA MD 20814

Title VICE PRESIDENT AND SECRETARY
Name MCKALIP, FREDERICK D.
Address C/O RLJ LODGING TRUST
3 BETHESDA METRO CENTER, STE. 1000
City-State-Zip: BETHESDA MD 20814

Title PRESIDENT AND TREASURER
Name HALE, LESLIE D.
Address C/O RLJ LODGING TRUST
3 BETHESDA METRO CENTER, STE. 1000
City-State-Zip: BETHESDA MD 20814

Title VP
Name AMOS, CRAIG
Address C/O RLJ LODGING TRUST
3 BETHESDA METRO CENTER, STE. 1000
City-State-Zip: BETHESDA MD 20814

Title VP
Name TURNER, NICOLE
Address C/O RLJ LODGING TRUST
3 BETHESDA METRO CENTER, STE. 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 D. MCKALIP

04/29/2020

SECRETARY, BY JULIE
PHILLIPS, ATTORNEY-IN-
FACT

Electronic Signature of Signing Authorized Person(s) Detail

Date