

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000003557

**Entity Name:** FELCOR ST. PETE OWNER, L.L.C.

**Current Principal Place of Business:**

3 BETHESDA METRO CTR., STE 1000  
BETHESDA, MD 20814

**Current Mailing Address:**

3 BETHESDA METRO CTR., STE 1000  
BETHESDA, MD 20814 US

**FEI Number:** 47-3935219

**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           MANAGER  
Name           HALE, LESLIE D.  
Address        3 BETHESDA METRO CTR., STE 1000  
City-State-Zip: BETHESDA MD 20814

Title           MANAGER  
Name           MAHONEY , SEAN M.  
Address        3 BETHESDA METRO CTR., STE 1000  
City-State-Zip: BETHESDA MD 20814

Title           MANAGER  
Name           MCKALIP , FREDERICK D.  
Address        3 BETHESDA METRO CTR., STE 1000  
City-State-Zip: BETHESDA MD 20814

Title           MEMBER  
Name           FELCOR LODGING LIMITED  
                  PARTNERSHIP  
Address        3 BETHESDA METRO CTR., 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:** LESLIE D. HALE

**MANAGER, BY JULIE  
PHILLIPS, ATTORNEY-IN-  
FACT**

**04/27/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date