2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000003557

FILED
Mar 16, 2021
Secretary of State
6747585020CC

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

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

Title	VP
Name	AMOS, CRAIG
Address	3 BETHESDA METRO CTR., STE 1000
City-State-Zip:	BETHESDA MD 20814

Title	VP
Name	TURNER, NICOLE
Address	3 BETHESDA METRO CTR., STE 1000
City-State-Zip:	BETHESDA MD 20814

Title	VP & MANAGER
Name	MAHONEY , SEAN M.
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

Title	VP
Name	BARDENETT , THOMAS
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: MCKALIP , FREDERICK D.

SECRETARY - BY: CIERRA MIMS-ATTORNEY-IN-FACT

03/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date