

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M95000000082

**Entity Name:** THE RITZ-CARLTON HOTEL COMPANY, L.L.C.

**FILED**  
**Feb 06, 2018**  
**Secretary of State**  
**CC1663652450**

**Current Principal Place of Business:**

10400 FERNWOOD ROAD  
DEPT. 924.13  
BETHESDA, MD 20817

**Current Mailing Address:**

PO BOX 696582  
SAN ANTONIO, TX 78269-6582 US

**FEI Number: 58-2168815**

**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 ASST. SECRETARY  
Name THORNSBERRY, KEN  
Address 1965 HAWKS LANDING  
City-State-Zip: LOUISVILLE TN 37777

Title VP  
Name JORDAN, HORACE  
Address 10400 FERNWOOD ROAD  
DEPT. 924.13  
City-State-Zip: BETHESDA MD 20817

Title SECRETARY  
Name GORDON, BANCROFT  
Address 10400 FERNWOOD ROAD  
DEPT. 924.13  
City-State-Zip: BETHESDA MD 20817

Title ASST. SECRETARY  
Name BRENEMAN, MARGERY  
Address 10400 FERNWOOD ROAD  
DEPT. 924.13  
City-State-Zip: BETHESDA MD 20817

Title PRESIDENT  
Name GRISSEN, DAVID J  
Address 10400 FERNWOOD ROAD  
DEPT. 924.13  
City-State-Zip: BETHESDA MD 20817

*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: KEN THORNSBERRY**

**ASSISTANT SECRETARY 02/06/2018**

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

\_\_\_\_\_  
Date