

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000001376

**Entity Name:** FELCOR HOTEL ASSET COMPANY, L.L.C.

**Current Principal Place of Business:**

C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
BETHESDA, MD 20814

**Current Mailing Address:**

C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
BETHESDA, MD 20814 US

**FEI Number:** 75-2770156

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 N CALHOUN ST  
STE 4  
TALLAHASSEE, FL 32301 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 FELCOR LODGING LIMITED PARTNERSHIP  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
City-State-Zip: BETHESDA MD 20814

Title PRESIDENT AND TREASURER  
Name HALE, LESLIE D.  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
City-State-Zip: BETHESDA MD 20814

Title VICE PRESIDENT  
Name MAHONEY, SEAN M.  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
City-State-Zip: BETHESDA MD 20814

Title VICE PRESIDENT  
Name BARDENETT, THOMAS  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
City-State-Zip: BETHESDA MD 20814

Title VICE PRESIDENT  
Name AMOS, CRAIG  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
City-State-Zip: BETHESDA MD 20814

Title VICE PRESIDENT  
Name TURNER, NICOLE  
Address C/O RLJ LODGING TRUST  
7373 WISCONSIN AVENUE, SUITE 1500  
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:** SEAN M. MAHONEY

**VICE PRESIDENT**

**04/25/2024**

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

\_\_\_\_\_  
Date