

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M98000001376

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

**Current Principal Place of Business:**

545 E. JOHN CARPENTER FWY., SUITE 1300  
IRVING, TX 75062

**Current Mailing Address:**

545 E. JOHN CARPENTER FWY., SUITE 1300  
IRVING, TX 75062

**FEI Number:** 75-2770156

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name SMITH, RICHARD A  
Address 545 E. JOHN CARPENTER FWY.,  
SUITE 1300  
City-State-Zip: IRVING TX 75062

Title MGR  
Name YELLEN, JONATHAN H  
Address 545 E. JOHN CARPENTER FWY.,  
SUITE 1300  
City-State-Zip: IRVING TX 75062

Title MGR  
Name HUGHES, MICHAEL C  
Address 545 E. JOHN CARPENTER FWY.,  
SUITE 1300  
City-State-Zip: IRVING TX 75062

Title OFFICER  
Name MUNDY, LARRY J  
Address 545 E. JOHN CARPENTER FWY.,  
SUITE 1300  
City-State-Zip: IRVING TX 75062

Title OFFICER  
Name NYE, CHARLES N  
Address 545 E. JOHN CARPENTER FWY.,  
SUITE 1300  
City-State-Zip: IRVING TX 75062

Title OFFICER  
Name GREEN, BIANCA S  
Address 545 E. JOHN CARPENTER FREEWAY  
1300  
City-State-Zip: IRVING TX 75062

*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:** JONATHAN H. YELLEN

**MGR**

**01/13/2014**

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

\_\_\_\_\_  
Date