2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# M01000001176

Entity Name: BHR OPERATIONS, L.L.C.

Current Principal Place of Business:

545 E. JOHN CARPENTER FREEWAY, STE. 1300
IRVING, TX 75062

New Principal Place of Business:

Current Mailing Address:

545 E. JOHN CARPENTER FREEWAY, STE. 1300
IRVING, TX 75062

New Mailing Address:

FEI Number: 75-2916175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	SMITH, RICHARD A	
Address:	545 E JOHN CARPENTER FRWY, #1300	
City-St-Zip:	IRVING, TX 75062 US	
Title:	MGR	( ) Delete
Name:	YELLEN, JONATHAN H	
Address:	545 E JOHN CARPENTER FRWY, #1300	
City-St-Zip:	IRVING, TX 75062 US	
Title:	MGR	( ) Delete
Name:	WELCH, ANDREW J	
Address:	545 E JOHN CARPENTER FRWY, #1300	
City-St-Zip:	IRVING, TX 75062 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JONATHAN H. YELLEN MGR 04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date