

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001638

1. Entity Name

CRESTLINE HOTELS & RESORTS - FLORIDA LLC

FILED

02 SEP 18 PM 2:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

6600 ROCKLEDGE DR., STE. 600
BETHESDA MD 20817

Mailing Address

6600 ROCKLEDGE DR., STE. 600
BETHESDA MD 20817

2. Principal Place of Business

8405 Greensboro Dr.

3. Mailing Address

8405 Greensboro Dr.

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

McLean, VA

City & State

McLean, VA

Zip

22102

Country

USA

Zip

22102

Country

USA



DO NOT WRITE IN THIS SPACE

FEI Number

52-2329604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DURBIN, DAVID L 6600 ROCKLEDGE DR., STE. 600 BETHESDA MD 20817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8405 Greensboro Dr., Suite 500 McLean, VA 22102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCIS, JAMES L 6600 ROCKLEDGE DR., STE. 600 BETHESDA MD 20817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8405 Greensboro Dr., Suite 500 McLean, VA 22102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WARDINSKI, BRUCE D 6600 ROCKLEDGE DR., STE. 600 BETHESDA MD 20817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8405 Greensboro Dr., Suite 500 McLean, VA 22102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLDEN, TRACY M.J. 6600 ROCKLEDGE DR., STE. 600 BETHESDA MD 20817	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8405 Greensboro Dr., Suite 500 McLean, VA 22102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700007828087--5	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-12-02

571-382-1708

Date

Daytime Phone #

CR2ENR3 (4/02)



ACCOUNT NO. : 072100000032

REFERENCE : 746845 5152386

AUTHORIZATION :

Patricia Pzyt

COST LIMIT : \$ 50.00

ORDER DATE : September 17, 2002

ORDER TIME : 10:37 AM

ORDER NO. : 746845-030

CUSTOMER NO: 5152386

CUSTOMER: Ms. A. B. Fox
Crestline Hotels & Resorts A
8405 Greensboro Drive
Suite 500
Mc Lean, VA 22102

RECEIVED
02 SEP 18 AM 11:47
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
RECORDS & CLERK

ANNUAL REPORT FILING

NAME: CRESTLINE HOTELS & RESORTS -
FLORIDA LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext.1115

EXAMINER'S INITIALS: _____