

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001993

**FILED**  
**Feb 09, 2004**  
**Secretary of State**

**Entity Name:** CHH PORTLAND PARENT, LLC

**Current Principal Place of Business:**

450 S. ORANGE AVE.  
ORLANDO, FL 328013336

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 32802

**New Mailing Address:**

**FEI Number:** 59-3740525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRICKLAND, C. BRIAN  
450 S. ORANGE AVE.  
ORLANDO, FL 328013336

**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/MEMBERS:**

Title: MGR ( ) Delete  
Name: CNL HHC PARTNERS, LP,  
Address: 450 S. ORANGE AVE.  
City-St-Zip: ORLANDO, FL 328013336

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: C. BRIAN STRICKLAND

EVP

02/09/2004

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