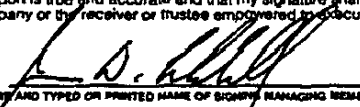


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-16-2004 90160 038 ***150.00

DOCUMENT # M02000002549																																	
1. Entity Name ALLEGIANCE HOSPITALITY SERVICE COMPANY, LLC.																																	
Principal Place of Business 420 DECKER DRIVE IRVING TX 75062			Mailing Address 420 DECKER DRIVE IRVING TX 75062																														
2. Principal Place of Business			3. Mailing Address																														
Suite, Apt. #, etc.			Suite, Apt. #, etc.																														
City & State			City & State																														
Zip	Country	Zip	Country	4. FEI Number 13-4211789																													
				☐ Applied For ☐ Not Applicable																													
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																														
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and use if applicable. DATE																																	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td> MGRM CALDWELL, JAMES D 420 DECKER DRIVE IRVING TX 75062 </td> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CALDWELL, JAMES D 420 DECKER DRIVE IRVING TX 75062	TITLE NAME STREET ADDRESS CITY - ST - ZIP																					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  11/30/04 972-730-6664 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																	