2006 LIMITED LIABILITY COMPANY

SIGNATURE:

FILED

Daytime Phone #

	ANNUAL	KEPUKI		, Apr 25, 2006 08:00 A
DOCUMENT # M0200002549 1. Entity Name ALLEGIANCE HOSPITALITY SERVICE COMPANY, L.L.C.				Secretary of State
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<i>ye</i>		
,	e of Business	Mailing Address	1	
420 DECKER IRVING, TX		420 DECKER DRIVE IRVING, TX 75062		
			<u> </u>	
Г	O NOT WRITE	IN THIS SPA	CF	04072006 No Chg-LLC
DO NOT WHILE IN THIS OFFI			-	4. FEI Number Applied For 13-4211789 Not Applicable
		war ng t	<u> </u>	5. Certificate of Status Desired
	6. Name and Address of Current F	Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET				DO NOT WRITE
TALLAHASSEE, FL 32301-2525				IN THIS SPACE
	named entity submits this statement for tlons of registered agent.	the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.			<u>, , , , , , , , , , , , , , , , , , , </u>	
	Signature, typed or printed name of registered agent a	no tide ii appricable. (NOTE: Registeri	ed Agent signature required	d when reinstaling) DATE
Đ	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBEI	RS/MANAGERS		
TITLE NAME	MGRM CALDWELL, JAMES D			
STREET ADDRESS CITY-ST-ZIP	420 DECKER DRIVE IRVING, TX 75062	. ,		
TITLE	1KVING, 1X 75002		-	
NAME STREET ADDRESS				U00000532046 05/06/06-80066-023 50.00
CITY-ST-ZIP				113/116/UD-6UU66-UZ3 3U.UU
TITLE NAME			1	
STREET ADDRESS				DO NOT WRITE
CITY+ST-ZIP TITLE				
NAME			1	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP				
TITLE				
NAME STREET ADDRESS				
CITY-ST-ZIP				
TITLE NAME			1	
STREET ADDRESS CITY-ST-ZIP				
	certify that the information supplied with	this filing does not qualify for the e	exemptions contains	ed in Chapter 119, Florida Statutes. I further certify that the information
indicated limited lia	on this report is true and accurate and ability company of the receiver or truster	e empowerful to execute this report	as required by Cha	ed in Chapter 119, Florida Statutes, I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.

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