

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001972

FILED
Mar 26, 2009
Secretary of State

Entity Name: ALLIANCE HOSPITALITY MANAGEMENT, LLC

Current Principal Place of Business:

2626 GLENWOOD AVENUE, SUITE 225
RALEIGH, NC 27608 US

New Principal Place of Business:

5811 GLENWOOD AVENUE
SUITE 300
RALEIGH, NC 27612 US

Current Mailing Address:

2626 GLENWOOD AVENUE, SUITE 225
RALEIGH, NC 27608 US

New Mailing Address:

5811 GLENWOOD AVENUE
SUITE 300
RALEIGH, NC 27608 US

FEI Number: 14-1881132

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: HANSEN, KEITH F
Address: 2626 GLENWOOD AVENUE, SUITE 225
City-St-Zip: RALEIGH, NC 27608

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HANSEN, KEITH F
Address: 5811 GLENWOOD AVENUE, SUITE 300
City-St-Zip: RALEIGH, NC 27612

Title: MGR () Change (X) Addition
Name: TWEETEN, ROLF
Address: 5811 GLENWOOD AVENUE, SUITE 300
City-St-Zip: RALEIGH, NC 27612

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: ROLF TWEETEN

MGR

03/26/2009

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