

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003299

FILED
Feb 09, 2009
Secretary of State

Entity Name: D&C HOSPITALITY INVESTMENTS, LLC

Current Principal Place of Business:

6400 S. FIDDLERS GREEN CIR.
SUITE 1730
ENGLEWOOD, CO 80111

New Principal Place of Business:

Current Mailing Address:

6400 S. FIDDLERS GREEN CIR.
SUITE 1730
ENGLEWOOD, CO 80111

New Mailing Address:

FEI Number: 71-0911631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONROE SCOTT STEPHENS JR.
410 S. WARE BLVD., SUITE 700
TAMPA, FL 33619 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: CAHILL, MICHAEL
Address: 6400 S. FIDDLERS GREEN CIR., SUITE 1730
City-St-Zip: ENGLEWOOD, CO 80111

Title: MGR () Delete
Name: DAVIS, GEOFFREY E
Address: 6400 S. FIDDLERS GREEN CIR., SUITE 1730
City-St-Zip: ENGLEWOOD, CO 80111

Title: MGR () Delete
Name: STEPHENS, M. SCOTT
Address: 410 S. WARE BLVD., SUITE 700
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

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

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

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

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: M. SCOTT STEPHENS MGR 02/09/2009

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