2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003986

1. Entity Name
HHC TRS TAMPA LLC

Principal Place of Business	Mailing Address
8405 GREENSBORO DRIVE, SUITE 500 MCLEAN, VA 22102	8405 GREENSBORO DRIVE, SUITE 500 MCLEAN, VA 22102

DO NOT WRITE IN THIS SPACE

02272004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0382323
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FRANCIS, JAMES L
STREET ADDRESS	8405 GREENSBORO DRIVE, SUITE 500
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	P
NAME	FRANCIS, JAMES L
STREET ADDRESS	8405 GREENSBORO DRIVE, SUITE 500
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	MGR
NAME	COLDEN, TRACY M.J.
STREET ADDRESS	8405 GREENSBORO DRIVE, SUITE 500
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	VS
NAME	COLDEN, TRACY M.J.
STREET ADDRESS	8405 GREENSBORO DRIVE, SUITE 500
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	MGR
NAME	VICARI, DOUGLAS W
STREET ADDRESS	8405 GREENSBORO DRIVE, SUITE 500
CITY-ST-ZIP	MCLEAN, VA 22102
TITLE	VT
NAME	VICARI, DOUGLAS W
STREET ADDRESS	8405 GREENSBORO DRIVE, SUITE 500
CITY-ST-ZIP	MCLEAN, VA 22102

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03/29/04-80068-008 50.00

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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)(i), 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: Tracy M Colden 2/27/04 (703) 336-4408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #