


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90015 050 ***138.75

DOCUMENT # M03000003986

1. Entity Name
HHC TRS TAMPA LLC



Principal Place of Business Mailing Address

**1650 TYSONS BLVD.
 SUITE 1600
 MCLEAN, VA 22102**

**1650 TYSONS BLVD.
 SUITE 1600
 MCLEAN, VA 22102**

60028351

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

% JER, 1650 TYSONS BLVD. **% JER, 1650 TYSONS BLVD.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


SUITE 1600 **SUITE 1600**

City & State City & State

MCLEAN, VA **MCLEAN, VA**

Zip Country Zip Country

22102-4846 **U.S.A.** **22102-4846** **U.S.A.**



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For

20-0382323 **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 _____ DATE _____

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GILBERT, ALEXANDER P 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ALEXANDER P. GILBERT % JER, 1650 TYSONS BLVD., STE. 1600 MCLEAN, VA 22102-4846 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLEY, CIA 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JAMES W. SMITH III % JER, 1650 TYSONS BLVD., STE. 1600 MCLEAN, VA 22102-4846 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, III, JAMES W 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER DEVIN W. CHEN % JER, 1650 TYSONS BLVD., STE. 1600 MCLEAN, VA 22102-4846 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO CHEN, DEVIN 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BEST, GERALD R 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS MCGILLIS, J. M 1650 TYSONS BLVD., SUITE 1600 MCLEAN, VA 22102 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Devin W. Chen **DEVIN W. CHEN, MANAGER** 4/11/08 703-714-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #