2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# M03000004049

Entity Name: CHH TORREY PINES HOTEL GP, LLC

Current Principal Place of Business:

450 S ORANGE AVE
ORLANDO, FL 32801

New Principal Place of Business:

420 S ORANGE AVE
STE 700
ORLANDO, FL 32801

Current Mailing Address:

P.O. BOX 2226
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 57-1194162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, STEPHANIE J
450 S ORANGE AVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

THOMAS, STEPHANIE J
420 S ORANGE AVE
STE 700
ORLANDO, FL 32801 US

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: _____ 04/10/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GRISWOLD, JOHN A
Address: 450 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete
Name: HUTCHISON, THOMAS J III
Address: 450 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GRISWOLD, JOHN A
Address: 420 S ORANGE AVE, STE 700
City-St-Zip: ORLANDO, FL 32801

Title: MGR (X) Change ( ) Addition
Name: HUTCHISON, THOMAS J III
Address: 420 S ORANGE AVE, STE 700
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN A GRISWOLD MGR 04/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date