

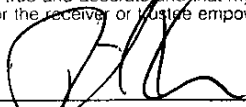


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

570

DOCUMENT # M04000001206 1. Entity Name ASHFORD TRS II LLC						FILED 06 APR -6 PM 3:08 FLORIDA STATE TALLAHASSEE, FLORIDA 		
Principal Place of Business 14185 DALLAS PARKWAY, SUITE 1100 DALLAS TX 75254				Mailing Address 14185 DALLAS PARKWAY, SUITE 1100 DALLAS TX 75254				
2. Principal Place of Business			3. Mailing Address			1st MOORE CR2E083 (10/05)		
Suite, Apt. #, etc.			Suite, Apt. #, etc.					
City & State			City & State					
Zip		Country		Zip		Country		
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: _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE: _____								
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006								
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHFORD TRS CORPORATION 14185 DALLAS PARKWAY, SUITE 1100 DALLAS TX 75254			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100070790711 04/18/06--01029--009 **500.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 				DAVID KIMICHIK				3-23-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date		Daytime Phone #		