2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 21, 2006
Secretary of State

DOCUMENT# M05000001287

Entity Name: AMERISUITES VACATION CLUB L.L.C.

Current Principal Place of Business:

71 SOUTH WACKER DRIVE, 12TH FLOOR
CHICAGO, IL 60606

New Principal Place of Business:

71 SOUTH WACKER DRIVE
LEGAL DEPT. 14TH FLOOR
CHICAGO, IL 60606

Current Mailing Address:

71 SOUTH WACKER DRIVE, 12TH FLOOR
CHICAGO, IL 60606

New Mailing Address:

71 SOUTH WACKER DRIVE
LEGAL DEPT. 14TH FLOOR
CHICAGO, IL 60606

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM ( ) Delete
Name: SELECT HOTELS GROUP,, L.L.C.
Address: 71 SOUTH WACKER DRIVE, 12TH FLOOR
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SELECT HOTELS GROUP,, L.L.C.
Address: 200 W MONROE ST, SUITE 800
City-St-Zip: CHICAGO, IL 60606

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: SELECT HOTELS GROUP, L.L.C. MGRM 08/21/2006

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