

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90041 001 ****55.00

DOCUMENT # M05000001508

1. Entity Name
DTRS MICHIGAN AVENUE/CHOPIN PLAZA SUB, LLC



Principal Place of Business
77 W. WACKER DRIVE, SUITE 4600
CHICAGO, IL 60601

Mailing Address
77 W. WACKER DRIVE, SUITE 4600
CHICAGO, IL 60601

60067000



01112006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2489688

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GELLER, LAURENCE S 77 W. WACKER DRIVE, SUITE 4600 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGGIO, PAULA C 77 W. WACKER DRIVE, SUITE 4600 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, PAUL T 77 W. WACKER DRIVE, SUITE 4600 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAN, MICHAEL 103 FOULK ROAD, SUITE 200 WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DREYER, MICHELLE 103 FOULK ROAD, SUITE 200 WILMINGTON, DE 19803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Paula C. Maggio 4-3-06 312-658-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20027000



STRATEGIC

April 6, 2006

VIA FEDERAL EXPRESS

Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: 2005 Limited Liability Company Annual Report for:
DTRS Michigan Ave/Chopin Plaza Sub, LLC
(Document # M05000001508)

To Whom It May Concern:

I have attached an executed original copy of a 2006 Limited Liability Company Annual Report along with a check in the amount of Fifty Five Dollars (\$55.00) which represents payment of the Annual Report and Certificate of Status fee for DTRS Michigan Ave/Chopin Plaza Sub, LLC (Document # M05000001508).

If you have any questions regarding the enclosed, or if I can be of any further assistance, please contact me at (312) 658-5018 or by e-mail at ncochand@strategichotels.com.

Very truly yours,

Nancy Cochand
Senior Paralegal

cc: Paula Maggio

STRATEGIC
HOTELS & RESORTS

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