


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000002992 1. Entity Name ASHFORD TRS LESSEE I LLC	
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Principal Place of Business 14185 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254	Mailing Address 14185 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254
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01092007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2915655	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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.

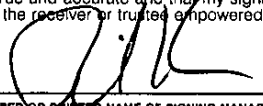
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIMICHIK, DAVID J 14185 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STIDD, ANDREW L 445 BROAD HOLLOW ROAD, SUITE 239 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGELO, BERNARD J 445 BROAD HOLLOW ROAD, SUITE 239 MELVILLE, NY 11747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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<p>000000607225 01/31/07-80028-021 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **David J. Kimichik** **1/26/07** **972-490-9600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #