

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005608

FILED
Apr 30, 2008
Secretary of State

Entity Name: ASHFORD TRS POOL II LLC

Current Principal Place of Business:

14185 DALLAS PARKWAY, SUITE 1100
DALLAS, TX 75254

New Principal Place of Business:

Current Mailing Address:

14185 DALLAS PARKWAY, SUITE 1100
DALLAS, TX 75254

New Mailing Address:

FEI Number: 20-3520748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: MGR () Delete
Name: KIMICHIK, DAVID J
Address: 14185 DALLAS PARKWAY, SUITE 1100
City-St-Zip: DALLAS, TX 75254

Title: MGRM (X) Delete
Name: BURNS, KEVIN P
Address: 445 BROAD HOLLOW ROAD, SUITE 239
City-St-Zip: MELVILLE, NY 11747

Title: MGRM (X) Delete
Name: ANGELO, BERNARD J
Address: 445 BROAD HOLLOW ROAD, SUITE 239
City-St-Zip: MELVILLE, NY 11747

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID J. KIMICHIK

MGR

04/30/2008

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