2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000006468

1. Entity Name
ASHFORD TRS LESSEE II LLC

Principal Place of Business	Mailing Address
14185 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254	14185 DALLAS PARKWAY, SUITE 1100 DALLAS, TX 75254

DO NOT WRITE IN THIS SPACE

07142006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2915661

☐ 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

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

Filing Fee is $50.00
Due by September 6, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KIMICHIK, DAVID J
STREET ADDRESS	14185 DALLAS PARKWAY, SUITE 1100
CITY-ST-ZIP	DALLAS, TX 75254
TITLE	MGR
NAME	STIDD, ANDREW L
STREET ADDRESS	445 BROAD HOLLOW ROAD, SUITE 239
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	MGR
NAME	ANGELO, BERNARD J
STREET ADDRESS	445 BROAD HOLLOW ROAD, SUITE 239
CITY-ST-ZIP	MELVILLE, NY 11747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

500078235995

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

M05000006468

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 N. DUVAL STREET, TALLAHASSEE, FL 32303
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SECRETARY OF STATE
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DATE: 08-01-06

NAME: ASHFORD TRS LESSEE II, LLC

TYPE OF FILING: ANNUAL REPORT

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

COST: $50 + $30 + $5= $85

RETURN: CERTIFIED COPY & GOOD STANDING

ACCOUNT: **FCA0000000015**

AUTHORIZATION: ABBIE/PAUL HODGE
