


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # M05000006468</b> 1. Entity Name ASHFORD TRS LESSEE II 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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01092007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2915661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	<b>DO NOT WRITE IN THIS SPACE</b>
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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

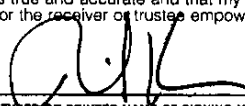
**Filing Fee is \$50.00  
Due by May 1, 2007**

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/31/07-80028-022 50.00

**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:**  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 #