## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## **DOCUMENT # M06000001599**

SHERATON LICENSE OPERATING COMPANY, LLC



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

1111 WESTCHESTER AVENUE WHITE PLAINS, NY 10604

1111 WESTCHESTER AVENUE WHITE PLAINS, NY 10604



04172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE 

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

## 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Signature, typed or printed name of registered agent and title if applicable (NOTE Registere           | d Agent signature required when reinstating) DATE |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                   |
| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | . MANAGING MEMBERS/MANAGERS                                                                            |                                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MGRM<br>STARWOOD HOTELS & RESORTS WORLDWIDE, INC.<br>1111 WESTCHESTER AVENUE<br>WHITE PLAINS, NY 10604 |                                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | U00000925749;                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | DO NOT WRITE                                      |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        | IN THIS SPACE                                     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ı                                                                                                      |                                                   |
| 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 cath; 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. |                                                                                                        |                                                   |