## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M06000002767

1. Entity Name

RLJ II - F BRANDON LESSEE, LLC



May 01, 2008 08:00 AN Secretary of State

**FILED** 

Principal Place of Business

Mailing Address

3 BETHESDA METRO CENTER, SUITE 1000 BETHESDA, MD 20814

3 BETHESDA METRO CENTER, SUITE 1000 BETHESDA, MD 20814



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
20-4785879	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chains of registered agent	nging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
FILE After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	1	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM RLJ LODGING II REIT SUB, INC. 3 BETHESDA METRO CENTER, SUITE 1000 BETHESDA, MD 20814		05/28/08-80118-022 138.75
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO I	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
THILE NAME STREET ADDRESS CITY-SI-ZIP			
NAME. STREET ADDRESS			

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, OR AUTHORIZED REP