

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006506

Entity Name: FELCOR TRS I, L.L.C.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

545 E. JOHN CARPENTER FREEWAY, SUITE 1300
IRVING, TX 75062

New Principal Place of Business:

Current Mailing Address:

545 E. JOHN CARPENTER FREEWAY, SUITE 1300
IRVING, TX 75062

New Mailing Address:

FEI Number: 75-2916174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SMITH, RICHARD A
Address: 545 E. JOHN CARPENTER FREEWAY, SUITE 1300
City-St-Zip: IRVING, TX 75062

Title: MGR () Delete
Name: YELLEN, JONATHAN H
Address: 545 E. JOHN CARPENTER FREEWAY, SUITE 1300
City-St-Zip: IRVING, TX 75062

Title: MGR () Delete
Name: WELCH, ANDREW J
Address: 545 E. JOHN CARPENTER FREEWAY, SUITE 1300
City-St-Zip: IRVING, TX 75062

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: JONATHAN H. YELLEN

MGR

04/24/2008

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