
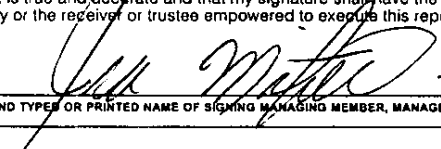


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90224 032 ***138.75

DOCUMENT # M07000001720 1. Entity Name A-R HHC ORLANDO CONVENTION HOTEL MEMBER, LLC			
Principal Place of Business 4669 SOUTHWEST FREEWAY, SUITE 400 HOUSTON, TX 77027		Mailing Address 4669 SOUTHWEST FREEWAY, SUITE 400 HOUSTON, TX 77027	
2. Principal Place of Business - No P.O. Box # 3120 Southwest Freeway Suite, Apt. #, etc.: Suite 200 City & State Houston Tx Zip 77098-4524		3. Mailing Address 3120 Southwest Freeway Suite, Apt. #, etc.: Suite 200 City & State Houston Tx Zip 77098-4524	
01082008 Chg-LLC CR2E083 (12/06)		4. FEI Number 20-8921801	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM APOLLO RIDA ORLANDO CONVENTION HOTEL, LLC 4669 SOUTHWEST FREEWAY, SUITE 400 HOUSTON, TX 77027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Apollo Rida Orlando Convention Hotel, LLC 3201 Southwest Freeway, Suite 200 Houston Tx 77098-4524
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 11/1/08 Daytime Phone # 713-961-3835	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			