2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 15, 2008 8:00 am Secretary of State

DOCUMENT # M0700001721 1. Entity Name A-R HHC ORLANDO CONVENTION HOTEL, LLC						02-15-2008	3 90051 008 ***	138.75	
Principal Place 3120 SOUTH HOUSTON, TO	WEST FREEWAY, SUITE 200	Mailing Address 3120 SOUTHWEST FREEWAY, SUITE 200 HOUSTON, TX 77098			60008312				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01082008	Chg-LLC	CR2E083 (12/0	5)
City & State		City & State			4. FEI Number	868989	54	Applied For Not Applicable	
Zip	Country	Zip	Zip Count				of Status Desired		dditional
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	egistered Agent	
				Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL Zip C	ode
	named entity submits this statement for ions of registered agent.	r the purpose of changing it	s register	ed office o	r registere	ed agent, or both	, in the State of Flo	orida. I am familiar wi	th, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NO	TE: Registere	d Agent signal	bevuper eru	when reinstating)		DATE	
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75					Make check payable to Fiorida Department of State			
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS/	CHANGES	
TITLE	MGR	☐ Delete	TITLE	ŧ	We		•	✓ Chang	e 🔲 Addition
NAME	MITZNER, IRA		NAM		11/14	ZNER,I	nee w Paggu	uny, Suite	2.00
STREET ADDRESS CITY-ST-ZIP	1000 000 111112111111111111111111111111			ET ADDRESS - ST- ZIP				8- 4524	
	MGR				170	LSTON .	17 1101	Chare	e Addition
NAME	JACOBSSON, JOHN	☐ Delete	TITLI						c
STREET ADDRESS	·			ET ADDRESS					
CITY-ST-ZIP	NEW YORK, NY 10023		CITY	-ST-ZIP					
TITLE NAME		☐ Delete	TITLI NAM					☐ Chang	e 🗌 Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - St - ZIP					
TITLE		☐ Delete	TITL					Chang	e 🔲 Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITL					☐ Chang	e 🔲 Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
TITLE	//	☐ Defete	TITL					☐ Chang	e 🔲 Addition
NAME	//		NAM		1				
STREET ADDRESS									
CITY-ST-ZIP				ET ADDRESS -ST-ZIP					

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 progressive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Daytime Phone #

