

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003965

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** CG HOTEL COLONNADE, LLC

**Current Principal Place of Business:**

1050 17TH STREET, 23RD FLOOR  
DENVER, CO 80265

**New Principal Place of Business:**

**Current Mailing Address:**

3340 PLAYERS CLUB PARKWAY, SUITE 200  
MEMPHIS, TN 38125

**New Mailing Address:**

1050 17TH STREET, 23RD FLOOR  
DENVER, CO 80265

**FEI Number:** 61-1533767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGRM  
Name: AMSTAR/DAVIDSON COLONNADE, LLC  
Address: 1050 17TH STREET, 23RD FLOOR  
City-St-Zip: DENVER, CO 80265

Title: MGR  
Name: MARTIN, KEVIN J  
Address: 1050 17TH STREET, 23RD FLOOR  
City-St-Zip: DENVER, CO 80265

Title: MGR  
Name: FINKE, GABE L  
Address: 1050 17TH STREET, 23RD FLOOR  
City-St-Zip: DENVER, CO 80265

Title: MGR  
Name: HERZOG, THOMAS M  
Address: 1050 17TH STREET, 23RD FLOOR  
City-St-Zip: DENVER, CO 80265

Title: MGR  
Name: WILEY, G. DOUGLAS II  
Address: 1050 17TH STREET, 23RD FLOOR  
City-St-Zip: DENVER, CO 80265

I hereby 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: THOMAS M. HERZOG

MGR

04/02/2012

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