

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000006958

**FILED**  
**Mar 12, 2008**  
**Secretary of State**

**Entity Name:** SHCP OPERATING ENTITY, LLC

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 46207

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7033  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 462077033

**New Mailing Address:**

**FEI Number:** 26-1442403

**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:** MGRM ( ) Delete  
**Name:** SIMON HOTEL OPERATING COMPANY, LLC  
**Address:** 225 W. WASHINGTON ST.  
**City-St-Zip:** INDIANAPOLIS, IN 46207

**ADDITIONS/CHANGES:**

**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:** JAMES A. SCHMIDT

AS

03/12/2008

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