

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006958

FILED
Mar 30, 2009
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:

225 W. WASHINGTON ST.
INDIANAPOLIS, IN 46207

Current Mailing Address:

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

New Mailing Address:

225 W. WASHINGTON ST., P.O. BOX 7033
C/O CORPORATE PARALEGAL
INDIANAPOLIS, IN 462077033

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

03/30/2009

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