

** Amended **
2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
 AND
 08-18-2002 90132.009 *****50.00

DOCUMENT # M95000000082

1. Entity Name

THE RITZ-CARLTON HOTEL COMPANY, L.L.C.

02 AUG 26 PM 3: 03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10400 FERNWOOD ROAD
 DEPT. 924.13
 BETHESDA MD 20817

10400 FERNWOOD ROAD
 DEPT. 924.13
 BETHESDA MD 20817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2168815**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
 NAME **COOPER, SIMON F**
 STREET ADDRESS **10400 FERNWOOD ROAD**
 CITY-ST-ZIP **BETHESDA MD 20817**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **PULSE, M. LESTER JR**
 STREET ADDRESS **10400 FERNWOOD ROAD**
 CITY-ST-ZIP **BETHESDA MD 20817**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **HOLDAWAY, JEFFREY**
 STREET ADDRESS **10400 FERNWOOD ROAD**
 CITY-ST-ZIP **BETHESDA MD 20817**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **HOLDAWAY, JEFFREY A**
 STREET ADDRESS **10400 FERNWOOD ROAD**
 CITY-ST-ZIP **BETHESDA MD 20817**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **BENZ, NANCY L**
 STREET ADDRESS **10400 FERNWOOD ROAD**
 CITY-ST-ZIP **BETHESDA MD 20817**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **REHMAN, KENNETH R**
 STREET ADDRESS **10400 FERNWOOD ROAD**
 CITY-ST-ZIP **BETHESDA MD 20817**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/1/02

(301) 380-8742

CR2E083 (4/02)