

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M95000000082 1. Entity Name THE RITZ-CARLTON HOTEL COMPANY, L.L.C.	
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Principal Place of Business 10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA, MD 20817	Mailing Address 10400 FERNWOOD ROAD DEPT. 924.13 BETHESDA, MD 20817
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01142004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2168815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOPER, SIMON F 10400 FERNWOOD ROAD BETHESDA, MD 20817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PULSE, M. LESTER JR 10400 FERNWOOD ROAD BETHESDA, MD 20187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOLDAWAY, JEFFREY 10400 FERNWOOD ROAD BETHESDA, MD 20187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANN, WILLIAM DAVID 10400 FERNWOOD ROAD BETHESDA, MD 20187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BENZ, NANCY L 10400 FERNWOOD ROAD BETHESDA, MD 20187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REHMAN, KENNETH R 10400 FERNWOOD ROAD BETHESDA, MD 20187

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04/28/04-80077-020 150.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Nancy L Benz* 4-23-04 301-380-8742
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #