


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|--|---------------------------|---|--|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 98 MAR 12 PM 4:00 SECRETARY OF STATE FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company | | DOCUMENT # M96000000411 | | | |
| AGH UPREIT LLC C/O AMERICAN GENERAL HOSPITALITY 3860 WEST NORTHWEST HIGHWAY, SUITE 300 DALLAS TX 75220 | | 1a. Principal Place of Business Address C/O AMERICAN GENERAL HOSPITA 3860 WEST NORTHWEST HIGHWAY, DALLAS TX 75220 | | | |
| 2. Principal Place of Business 5605 MacArthur Blvd. Suite, Apt. #, etc. Suite 1200 City & State Irving, TX Zip 75038 | | 2a. Mailing Address 5605 MacArthur Blvd. Suite, Apt. #, etc. Suite 1200 City & State Irving, TX Zip 75038 | | 3. Date Organized or Qualified 10/21/1996 3a. State of Formation DE 4. FEI Number 75-2656872 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 03/26/1997 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> | |
| 7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002458940--C Suite, Apt. #, etc. 03/17/98-01024-011 ****188.75 ****188.75 City FL Zip Code | | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing) | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | AMERICAN GENERAL HOS, | 5605 MacArthur Blvd. Suite 1200 3860 WEST NORTHWEST HIGHWAY | | Irving, TX 75038 DALLAS TX | |
| MGRM | AMERICAN GENERAL HOSP. | 3860 WEST NORTHWEST HIGHWAY 5605 MacArthur Blvd., Suite 1200 | | DALLAS TX Irving, TX 75038 | |
| 11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE: | | Bruce G. Wiles | | 3/6/98 (972) 558-6800 | |
| SIGNATURE AND TYPE (I) OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Date | | Daytime Phone # | |