

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000192

Entity Name: RENTHOTEL SINGER, LLC

FILED
May 22, 2007
Secretary of State

Current Principal Place of Business:

C/O CITY HOTELS USA
5 CHOKE CHERRY ROAD, SUITE 330
ROCKVILLE, MD 20850 US

Current Mailing Address:

C/O CITY HOTELS USA
5 CHOKE CHERRY ROAD, SUITE 330
ROCKVILLE, MD 20850 US

New Principal Place of Business:

C/O CITY HOTELS USA
248 E. FOX HILL DR.
BUFFALO GROVE, IL 60089 US

New Mailing Address:

C/O CITY HOTELS USA
248 E. FOX HILL RD.
BUFFALO GROVE, IL 60089 US

FEI Number: 52-2025758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR () Delete
Name: RENTHOTEL UTAH, LC,
Address: 5 CHOKE CHERRY ROAD, SUITE 330
City-St-Zip: ROCKVILLE, MD 20850 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RENTHOTEL UTAH, LC,
Address: 248 E. FOX HILL DR.
City-St-Zip: BUFFALO GROVE, IL 60089 US

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: SUSAN NOVAKOVICH

VP

05/22/2007

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