


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # M98000000185 1. Entity Name HOSPITAL HOTELS, L.L.C.	
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Principal Place of Business THREE MILL ROAD, SUITE 200 WILMINGTON, DE 19806	Mailing Address THREE MILL ROAD, SUITE 200 WILMINGTON, DE 19806
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 52-2081327	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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


**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SILVER, STEPHEN S THREE MILL ROAD, SUITE 200 WILMINGTON, DE 19806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHAFFER, RONALD E THREE MILL ROAD, SUITE 200 WILMINGTON, DE 19806
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07/11/06-80024-007 508.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **7/5/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #