## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M98000000379

Entity Name: RADISSON TAMPA LLC

FILED Apr 21, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1405 XENIUM LANE NORTH PLYMOUTH, MN 55441 **Current Mailing Address: New Mailing Address:** P.O. BOX 59159 ATTN: TAX DEPT. MINNEAPOLIS, MN 554598250 FEI Number: 41-1905445 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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/MEMBERS: ADDITIONS/CHANGES:** MGRM () Change () Addition () Delete RADISSON HOTEL CORP. Name: Name: 1405 XENIUM LANE NORTH Address: Address: City-St-Zip: MINNEAPOLIS, MN 55441 City-St-Zip: Title: Title: MGR ( ) Change (X) Addition ( ) Delete Name: Name: NELSON, MARILYN C Address: Address: 1405 XENIUM LANE NORTH City-St-Zip: City-St-Zip: PLYMOUTH, MN 55441 Title: () Delete Title: MGR ( ) Change (X) Addition WITZEL, JAY Name: Name: Address: Address: 1405 XENIUM LANE NORTH City-St-Zip: City-St-Zip: PLYMOUTH, MN 55441 Title: () Delete Title: MGR ( ) Change (X) Addition Name: Name: HAMANN, DARREL M Address: Address: 1405 XENIUM LANE NORTH City-St-Zip: City-St-Zip: PLYMOUTH, MN 55441 Title: () Delete Title: MGR ( ) Change (X) Addition BEHA, RALPH W Name: Name: 1405 XENIUM LANE NORTH Address: Address: City-St-Zip: City-St-Zip: PLYMOUTH, MN 55441 Title: () Delete Title: ( ) Change (X) Addition MOGCK, STEVEN A Name: Name: Address: Address: 1405 XENIUM LANE NORTH PLYMOUTH, MN 55441 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DARREL M. HAMANN MGR 04/21/2004