File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FILED LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE **Katherine Harris** ANNUAL REPORT 99 HAY 18 AN 10: 38 Secretary of State 1999 **DIVISION OF CORPORATIONS** SUCH ANASSE E FLORIDA FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1 Name and Mailing Address of Limited Liability Company DOCUMENT # M98000001000 1a. Principal Place of Business Address LLB C-HOTEL, L.L.C. 10400 FERNWOOD ROAD 10400 FERNWOOD ROAD BETHESDA MD 20817 BETHESDA MD 20817 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 10400 FERNWOOD ROAD 09/10/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number X Applied For DEPT. 924.13 #521 52-2121 920 City & State City & State Not Applicable BETHESDA, 5. Date of Last Report 6. Certificate of Status Desired Ζφ Country Country 29817 \$8 75 Additional Fee Required U.S. 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 Suite, Apt. #, etc. Zio 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 Applie thent) (NOTE: Registered Agent's greatire regimed when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM MARRIOTT INTERNATIONAL 10400 FERNWOOD ROAD BETHESDA MD M. LESTER PULSE JR. MGRM 10400 FERNWOOD ROAD BETHESDA. MD. 20817 4110002887394 -06/26/39--01078--023 ****188.75 ****188.75 St. TAPE 2 4 1999

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER.

11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther 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:

M. LESTER PULSE JR. 4/23/99 (301)380-8742

M. LESTER PULSE JR. 4/23/99 (301)380-8742