

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001270

FILED
Apr 06, 2009
Secretary of State

Entity Name: LODGING OM L.L.C.

Current Principal Place of Business:

410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

New Principal Place of Business:

1997 ANNAPOLIS EXCHANGE PARKWAY
SUITE 550
ANNAPOLIS, MD 21401

Current Mailing Address:

410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

New Mailing Address:

1997 ANNAPOLIS EXCHANGE PARKWAY
SUITE 550
ANNAPOLIS, MD 21401

FEI Number: 52-2129813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: LODGING OPPORTUNITIE, S FUND, L.P.
Address: 410 SEVERN AVENUE, SUITE 314
City-St-Zip: ANNAPOLIS, MD 21403

Title: MGR () Delete
Name: LODGING OM CORPORATI, ON
Address: 410 SEVERN AVENUE, SUITE 314
City-St-Zip: ANNAPOLIS, MD 21403

Title: MGR () Delete
Name: LODGING OG CORPORATI, ON
Address: 410 SEVERN AVENUE, SUITE 314
City-St-Zip: ANNAPOLIS, MD 21403

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LODGING OPPORTUNITIE, S FUND LP
Address: 1997 ANNAPOLIS EXCHANGE PARKWAY, SUITE 550
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGRM (X) Change () Addition
Name: LODGING OM CORPORATI, ON
Address: 1997 ANNAPOLIS EXCHANGE PARKWAY, SUITE 550
City-St-Zip: ANNAPOLIS, MD 21401

Title: MGRM (X) Change () Addition
Name: LODGING OG CORPORATI, ON
Address: 1997 ANNAPOLIS EXCHANGE PARKWAY, SUITE 550
City-St-Zip: ANNAPOLIS, MD 21401

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: JANE LOUIS

POA

04/06/2009

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