

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000709

1. Entity Name
FELCOR/MM HOTELS, L.L.C.

APPROVED
AND
FILED

00 MAY -4 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
545 E. JOHN CARPENTER FREEWAY, SUITE 1300 545 E. JOHN CARPENTER FREEWAY, SUITE 1300
IRVING TX 75062 IRVING TX 75062-3933



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2817617 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CORCORAN, THOMAS J.		STREET ADDRESS	
CITY-ST-ZIP	545 E. JOHN CARPENTER FREEWAY, SUITE 1300		CITY-ST-ZIP	
	IRVING TX 75062			
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ROBINSON, LAWRENCE D		STREET ADDRESS	
CITY-ST-ZIP	545 E. JOHN CARPENTER FREEWAY, SUITE 1300		CITY-ST-ZIP	
	IRVING TX 75062			
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CHURCHY, RANDALL L		STREET ADDRESS	
CITY-ST-ZIP	545 E. JOHN CARPENTER FREEWAY, SUITE 1300		CITY-ST-ZIP	
	IRVING TX 75062			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED
Thomas J. Corcoran, Jr. Manager

5-01-2000 972.444.4900

Date Daytime Phone #

CR2E083 (9/99)