

2001 UNIFORM BUSINESS REPORT (UBR)

0028514 AF

DOCUMENT # M99000000709

1. Entity Name

FELCOR/MM HOTELS, L.L.C.

FILED

01 APR 20 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

545 E. JOHN CARPENTER FREEWAY, SUITE 1300
IRVING TX 75062

545 E. JOHN CARPENTER FREEWAY, SUITE 1300
IRVING TX 75062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 MGR CORCORAN, THOMAS J ☐ Delete
STREET ADDRESS 545 E. JOHN CARPENTER FREEWAY, SUITE 1300
CITY-ST-ZIP IRVING TX 75062

TITLE NAME MGR Wiese, Thomas L. ☐ Change ☒ Addition
STREET ADDRESS 545 E. John Carpenter Freeway, Suite 1300
CITY-ST-ZIP Irving, TX 75062

TITLE NAME MGR ROBINSON, LAWRENCE D ☐ Delete
STREET ADDRESS 545 E. JOHN CARPENTER FREEWAY, SUITE 1300
CITY-ST-ZIP IRVING TX 75062

TITLE NAME MGR Boisfontaine, Curtis R. ☐ Change ☒ Addition
STREET ADDRESS 2001 Ross Avenue, Ste. 4600
CITY-ST-ZIP Dallas, TX 75201

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000004084190--0
CITY-ST-ZIP -04/27/01--01033--004
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Thomas J. Corcoran, Jr. - Manager

April 18, 2001

Date

972.444.4900

Daytime Phone #

CR2E083 (11/00)