

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000001206 862
1. Entity Name
THE RITZ-CARLTON MANAGEMENT COMPANY, L.L.C.



Principal Place of Business
DEPT 52.924.13 10400 FERNWOOD ROAD
BETHESDA, MD 20817

Mailing Address
DEPT 52.924.13 10400 FERNWOOD ROAD
BETHESDA, MD 20817



01262005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
51-0397808

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THE RITZ-CARLTON DEVELOPMENT COMPANY, INC.
STREET ADDRESS	10400 FERNWOOD ROAD
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	AS
NAME	BENZ, NANCY L
STREET ADDRESS	10400 FERNWOOD ROAD
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nancy L. Benz NANCY L. BENZ

2/17/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #