2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001207

1. Entity Name
THE RITZ-CARLTON TRAVEL COMPANY, L.L.C.

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

DO NOT WRITE IN THIS SPACE

01142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
52-2171053
☐ 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

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

Filing Fee is $50.00
Due by May 1, 2004

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	MGRM
NAME	BENZ, NANCY L
STREET ADDRESS	10400 FERNWOOD ROAD
CITY-ST-ZIP	BETHESDA, MD 20187
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/04-80077-025 150.00

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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: Nancy L Benz 04-23-04 301-380-8742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #