2005 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** FILED DOCUMENT # M99000001207 Feb 22, 2005 08:00 AM Secretary of State THE COBALT TRAVEL COMPANY, LLC Principal Place of Business Mailing Address DEPT 52.924.13 10400 FERNWOOD ROAD DEPT 52,924.13 10400 FERNWOOD ROAD BETHESDA, MD 20817 BETHESDA, MD 20817 01262005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2171053 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301 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) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MÉMBERS/MANAGERS 9. TITLE MGRM NAME THE RITZ-CARLTON DEVELOPMENT COMPANY, INC. STREET ADDRESS 10400 FERNWOOD ROAD Unnnon239716 /22/05-80058-014\_50.00 CITY-ST-ZIP BETHESDA, MD 20817 MGRM TITLE BENZ, NANCY L NAME STREET ADDRESS 10400 FERNWOOD ROAD CITY - ST-ZIP BETHESDA, MD 20187 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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. NANLY L.BENZ

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

CITY-ST-ZIP

Daytime Phone #