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.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Strategic Hotel Funding, L.L.C.

9.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

City-ST-ZIP

CITY-ST-ZIP

1/17/01

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

☐ Delete

Patricia A: Needham, SVP & Secretary

Daytime Phone #

312-658-5000

☐ Change

☐ Addition