


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90097 005 ****50.00

DOCUMENT # M99000001224					
1. Entity Name STRATEGIC HOTEL CAPITAL, L.L.C.					
Principal Place of Business 77 W WACKER DRIVE SUITE 4600 CHICAGO, IL 60601			Mailing Address ATTN: P. NEEDHAM 77 WEST WACKER, SUITE 4600 CHICAGO, IL 60601		
2. Principal Place of Business		3. Mailing Address <i>Attn: General Counsel</i> 77 West Wacker Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 4600</i>			
City & State		City & State <i>Chicago, IL</i>			
Zip	Country	Zip <i>60601</i>	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GELLER, LAURENCE 77 WEST WACKER, SUITE 4600 CHICAGO, IL 60601		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jonathan Langer 910 Strategic Hotel Capital, L.L.C. 77 W. Wacker Dr. Suite 4600 Chicago IL 60601	
Delete <input checked="" type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
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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: Jonathan Langer, Member, Board of Managers			4-13-2005 212-902-4968		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		