

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

10/2 0067339

DOCUMENT # M99000001224

1. Entity Name

STRATEGIC HOTEL CAPITAL, L.L.C.



03 APR 30 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME STRATEGIC HOTEL FUNDING, L.L.C.
STREET ADDRESS 77 WEST WACKER, SUITE 4600
CITY-ST-ZIP CHICAGO IL 60601 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE Laurence Geller, Mgr. ☒ Change ☐ Addition
NAME Strategic Hotel Funding, L.L.C.
STREET ADDRESS 77 West Wacker, Suite 4600
CITY-ST-ZIP Chicago, IL 60601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600017635506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Patricia A. Needham* **SVP/Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/21/03
312-658-5000

Date

Daytime Phone #

CR2E083 (10/02)



CORPORATION SERVICE COMPANY™

2082

ACCOUNT NO. : 072100000032

REFERENCE : 075694 5146313

AUTHORIZATION :

COST LIMIT :

Patricia Piguet
\$50.00

ORDER DATE : April 30, 2003

ORDER TIME : 2:08 PM

ORDER NO. : 075694-040

CUSTOMER NO: 5146313

CUSTOMER: Carrie Richards, Legal Asst
Strategic Hotel Capital,
77 West Wacker
Suite 4600
Chicago, IL 60601

ANNUAL REPORT FILING

NAME: STRATEGIC HOTEL CAPITAL,
L.L.C.

RECEIVED
03 APR 30 PM 3:43
STATE
DEPARTMENT OF CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____