

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000003989

**Entity Name:** ESA P PORTFOLIO L.L.C.

**Current Principal Place of Business:**

11525 N COMMUNITY HOUSE ROAD  
SUITE 100  
CHARLOTTE, NC 28277

**Current Mailing Address:**

PO BOX 49550  
CHARLOTTE, NC 28277 US

**FEI Number:** 20-1627190

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ESH MEZZANINE A LLC  
Address 11525 N COMMUNITY HOUSE ROAD  
City-State-Zip: CHARLOTTE NC 28277

Title PRESIDENT  
Name DONALD, JAMES L  
Address PO BOX 49550  
City-State-Zip: CHARLOTTE NC 28277

Title SECRETARY  
Name MCCANLESS, ROSS W  
Address PO BOX 49550  
City-State-Zip: CHARLOTTE NC 28277

Title TREASURER  
Name CRAGE, PETER J  
Address PO BOX 49550  
City-State-Zip: CHARLOTTE NC 28277

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT W SHAW

**TAX DIRECTOR**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date