

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000002287

Entity Name: TAMPA FALCON HOTEL, LLC**Current Principal Place of Business:**3050 N ROCKY POINT DR.
TAMPA, FL 33607**Current Mailing Address:**360 NORTH CRESCENT DRIVE
SOUTH BUILDING
BEVERLY HILLS , CA 90210 US**FEI Number:** 45-5069250**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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 MANAGER, VICE PRESIDENT AND SECRETARY
Name KALAWSKI, EVA M.
Address 360 NORTH CRESCENT DRIVE SOUTH BUILDING
City-State-Zip: BEVERLY HILLS CA 90210

Title MANAGER, PRESIDENT AND TREASURER
Name SIGLER, MARY ANN
Address 360 NORTH CRESCENT DRIVE SOUTH BUILDING
City-State-Zip: BEVERLY HILLS CA 90210

Title VP
Name ZOLLO, STEPHEN
Address 360 NORTH CRESCENT DRIVE SOUTH BUILDING
City-State-Zip: BEVERLY HILLS CA 90210

Title MANAGER AND VICE PRESIDENT
Name AROESTY, DAVID J.
Address 360 NORTH CRESCENT DRIVE SOUTH BUILDING
City-State-Zip: BEVERLY HILLS CA 90210

Title ASSISTANT SECRETARY
Name WARD, SALLY A.
Address 360 NORTH CRESCENT DRIVE SOUTH BUILDING
City-State-Zip: BEVERLY HILLS CA 90210

Title ASSISTANT TREASURER
Name WALLOCH, DAWN
Address 360 NORTH CRESCENT DRIVE SOUTH BUILDING
City-State-Zip: BEVERLY HILLS CA 90210

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: SALLY A. WARD**ASSISTANT SECRETARY** 05/01/2015_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date