

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M15000004972

**Entity Name:** SB HOTEL OWNER GP, L.L.C.

**Current Principal Place of Business:**

4747 BETHESDA AVENUE  
SUITE 1300  
BETHESDA, MD 20814-5584

**Current Mailing Address:**

4747 BETHESDA AVENUE  
LAW DEPARTMENT SUITE 1300  
BETHESDA, MD 20814-5584 US

**FEI Number:** 47-4339989

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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, VP  
Name           OTTINGER, JOSEPH C.  
Address        4747 BETHESDA AVENUE  
                  SUITE 1300  
City-State-Zip: BETHESDA MD 20814-5584

Title           MANAGER, PRESIDENT  
Name           ROCK, MICHAEL L.  
Address        4747 BETHESDA AVENUE  
                  SUITE 1300  
City-State-Zip: BETHESDA MD 20814-5584

Title           VICE PRESIDENT  
Name           LENTZ, MICHAEL E.  
Address        4747 BETHESDA AVENUE  
                  SUITE 1300  
City-State-Zip: BETHESDA MD 20814-5584

Title           VICE PRESIDENT  
Name           TYRRELL, NATHAN S.  
Address        4747 BETHESDA AVENUE  
                  SUITE 1300  
City-State-Zip: BETHESDA MD 20814-5584

Title           TREASURER  
Name           BRAND, RACHEL DEANNE  
Address        4747 BETHESDA AVENUE  
                  SUITE 1300  
City-State-Zip: BETHESDA MD 20814-5584

*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:** JOSEPH C. OTTINGER

**MANAGER**

**10/12/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date