



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

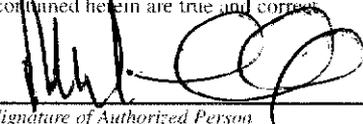
1. ID No 130062		2. Exact name of the limited liability company LA QUINTA FRANCHISING, LLC			
3. State of Formation NEVADA		4. Brief description of the character of the business which is actually conducted in Rhode Island INACTIVE			
5. Principal office address 909 HIDDEN RIDGE, STE 600			City IRVING	State TEXAS	Zip 75038
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JIM RICH			Contact Title TAX MANAGER		
Street Address 909 HIDDEN RIDGE, STE 600			City IRVING	State TX	Zip 75038
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-14					
Agent Name CORPORATION SERVICE COMPANY			Address 222 JEFFERSON BOULEVARD, SUITE 200		
Address			City WARWICK	Zip 02888	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

130062

File Date	9-2-08
Check No.	00272956
By	MMC
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

 8/29/08
Signature of Authorized Person Date

MARK M. CHLOUPEK - VP, SECRETARY

Print or Type Name of Authorized Person