

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

<i>I. ID No.</i> 111786	2. Exact name of the	PRINTED IN BLACK) act name of the limited liability company					
State of Formation	O O O O O O	Crossroads Hospitality Company, L.L.C. 4. Brief description of the character of the business which is actually conducted in Rhode Island Hotel Management					
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]	anagement					
Principal office a	ddress						
501 North	Fairfax Drive,	Suite 800	City Arlington	State	Zip		
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ontact Name	J. 27.7111,	D EINBILITY COMP	PANY AND NAME OR TITLE	OF CONTACT P	ERSON:		
mriscopner	L. Bennett		. Comber 7me				
rreet Address			.SVP and Secret	ary			
4501 North	Fairfax Drive,	Suite 800	City	State	Zip		
NAME AND A	DDRESS OF FACIL	MANACEROR	.Arlington	VA	22203		
	FILL IN	SPACES BEFORE USIN	LIMITED LIABILITY COM	PANY, IF APPLIC	CABLE		
	ANY MODIFICATION	IS TO MANAGEDE DEA	GATTACHMENTS ("X" BOX F	OR ATTACIIMENT)			
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anager Name eet Address	Store NT IN RHODE ISLAN	Zip	*Street Address *City *Manager Name *Street Address *City *City *Address Address	State rm 642 - R.L.G.L 7.	Zip		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date	10/13/05
Check No.	30105919
B <u>v:</u>	CXC
FOR SECRET	TARY 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 begin are true and correct.

Signature of Authorized Person

Christopher L. Bennett, SVP and Secretary
Print or Type Name of Authorized Person

Form 632 Rev. 6/02



Mutthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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3. State of Formation	1	4. Brief description	of the character of the h	v. usiness which is actually conducted		
DELAWARE	ŀ	HOTEL MANAGE	MENT	concis which is actually conducted	d in Khode Island	
5. Principal office ad	idress			City	Itara	
4501 N. Fairfax Drive, Suite 800				Arlington	State VA	Zip 22203
6. MAILING AD	DRESS OF	LIMITED LIA	BILITY COMPAN	YAND NAME OR TITLE	OF CONTACT	PEDCON.
Contact Name Christophe				Contact Title		FERSUN:
Street Address		<u>-</u>		. SVP and Secre	tary	
4501 N. Fair				City .Arlington	State VA	Zip 22203
7. NAME AND A	DDRESS O	FEACH MAN	GER OF THE LI	MITED LIABILITY COM	PANY IE ADDI	ICABLE
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R SECRETARY OF STATE USE ONLY				CHRISTOPH Print or Type Nume of A	IER 1. 0	BENNETT



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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3. State of Formatio			he business which is actually conducted	1	
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5. Principal office of	oddress rfax Drive, Suite		City	State	Zip
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	er L. Bennett		. SVP and Secret	tary	
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Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222 3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Sour of Formation Sour	<i>1. 10 No.</i> 111786	2. Exact name of the limit	ted liabilty company				
DELAWARE HOTEL MARACEMENT State		tion Id Brief description (d)					
Principal office oddress 1501 N. Fairfax Drive, Suite 800 An Alling Address 1501 N. Fairfax Drive, Suite 800 An Alling Address Christopher L. Bennett Connect Till SVP and Secretary Filington NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.G.L. 7:16-12 (a) (2) 7-16-52 ANY MODIFICATION STOMANAGERS REQUIRES FILING OF AMENDMENT. R.G.L. 7:16-12 (a) (2) 7-16-52 And Manager Name Address Sorre Address Sorre Address Sorre Address Sorre Address Sorre Address Drew Address D	was a prior ty the Character of the			the business which is actually conducted	d in Rhode Island		
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SVP and Secretary **Grey Address** **Solit N. Pairfax Drive, Suite 800 **NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. **FILL IN SPACES BEFORE USING ATTACHMENTS 17% BOX FOR ATTACHMENT III ANY MODIFICATIONS TO MANAGER'S REQUIRES FILING OF AMENOMENT. R.I.G. L. 7-16-12 (9) (2) 1 7-18-52 **Monager Name** **Monager	ontact Name	DRESS OF CIMITED I	JABILITY COMP	ANY AND NAME OR TITLE	OF CONTACT PE	RSON:	
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ANY MODIFICATIONS TO MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. TILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGER'S REQUIRES FILING OF AMENOMENT. R.I.G.L. 7-16-12 (0) (2) I 7-16-52 Manager Name Manager N	4501 N. Fai	rfax Drive, Suite	800	Arlington	1	I :	
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RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER. Changes require filing of Form 642 - RLGL 7-16-11 Address T CORPORATION SYSTEM 10 WEYBOSSET STREET Cury PROVIDENCE 22p 22p 22p 22p 22p 22p 23p 24p PROVIDENCE 24p PROVIDENCE 25p PROVI	muger Name			Manager Name			
RESIDENT AGENT IN RHODE ISLAND -00 NOT ALTER Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address 10 WEYBOSSET STREET Tress Cuy PROVIDENCE 02903 - 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 therein are true and correct. Date 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 therein are true and correct. 11786 FLLC 0 100000003:24:03 PM* Date Date	eet Address			• • • • • • • • • • • • • • • • • • •			
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contains therein are true and correct. 1786 FLLC 0 700 605 03:24:03 PM* 1786 FLLC 0				PROVIDENCE	10	2903-	
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. Date 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. Date Date	s report must be	signed in ink by an au	thorized person p	oursuant to 7-16-66.			
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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPE	OOR PRINTED IN BLACK	,	\$30.00 		
111786	2. Exact name of the limited Crossroads Hospitality	l liabilty company Company I I C	·		
3. State of Formation	4. Brief description	of the character of	the business which is actually cond	urted in Phode I-1 I	
DELAWARE	HOTEL MANAG	EMENT	o actually conu	ucieu in Knode Island	
5. Principal office address		<u> </u>	City	State	12:
1010 WISC	onsin Ave., N	<u>iW</u>	1 in Schinal	$\alpha \sim 1.327$	2 p 26007
6. MAJUING ADDRI	SS OF LIMITED LI	BILITY COM	PANY AND NAME OF TIT	LE OF CONTACT P	ERSON
Steve La	wrence		.Comaci Tine _	ector of Ta	-
Street Address 1010 WIS	Consin Ave., 1	UW	. ciny · Washinato	State	Zip
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ent Name CORPORATION SERVICE			hanges require filing of	·	
170 WESTMINSTER STRE	ET, SUITE 900		PROVIDENCE		Zip
			<i>**</i>		02903-
is report must he sign	ned in ink by an auth	orized person	pursuant to 7-16-66.		
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Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID	Number FLLC 111786	Annual Report for the year 2001
1.	The name of the limited liability con	RECEIVED SEP - 5 2001
	Crossroads Hospitality Company, L	.L.C. TAX DEPARTMENT
2.	The address of the principal office of	of the limited liability company is:
		ster Plaza Ten, Pittsburgh, PA 15220
3.	The state or other jurisdiction under	the laws of which it is formed is DELAWARE
4.		nt agent is: CORPORATION SERVICE COMPANY
	170 WESTMINSTER STREET, SU	
5.		mited liability company and the name or title of a person to whom communications
	may be directed are: Mauro 1	Pittsburgh, PA 15220
6.		of the business in which the limited liability company is actually engaged in this
7.	•	anagers, the name and address of each manager of the limited liability company Address
	nla	
Date	ed	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. Crossroads Hospitality Company Exact Name of Limited Liability Company
File I	OR SECRETARY OF STATE USE ONLY Date:	By Mauro d. Morevace
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By:	16339 2	Title Form No 632 Revised 01/99