

No. W 20056		Due no later than Jul 31, 2008		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. LE RITZ HOTELS LLC SCOTT P ESKELSON 425 S HOLMES AVE IDAHO FALLS ID 83401		SCOTT ESKELSON ESQ 425 S HOLMES AVE IDAHO FALLS ID 83402			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	AUBREY L RITZ	2500 MARCONI AVE #205	SACRAMENTO	CA	USA	95821	
MANAGER	DONNA RITZ	2500 MARCONI AVE #205	SACRAMENTO	CA	USA	95821	
5. Organized Under the Laws of: ID W 20056		6. Annual Report must be signed.* Signature: Scott P. Eskelson Name (type or print): Scott P. Eskelson Date: 05/09/2008 Title: Registered Agent					
Processed 05/09/2008		* Electronically provided signatures are accepted as original signatures.					