

TRAVELCENTERS OF AMERICA LLC  
 Form 3  
 January 26, 2007

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person * Â DONELAN PATRICK F (Last) (First) (Middle)  C/O HOSPITALITY PROPERTIES TRUST,Â 400 CENTRE STREET (Street)  NEWTON,Â MAÂ 02458 (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 01/26/2007	3. Issuer Name and Ticker or Trading Symbol TRAVELCENTERS OF AMERICA LLC [AMEX: TA]	4. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  <input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)	5. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
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**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	0 <sup>(1)</sup>	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative	5. Ownership Form of Derivative Security:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
DONELAN PATRICK F C/O HOSPITALITY PROPERTIES TRUST 400 CENTRE STREET NEWTON, MA 02458	X	^	^	^

## Signatures

/s/ Patrick F. Donelan                      01/26/2007

\*\*Signature of Reporting Person                      Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
  - \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) TA is currently a wholly owned subsidiary of HPT TA Properties Trust (HPT TA Properties), which is a wholly owned subsidiary of Hospitality Properties Trust (HPT). HPT TA Properties will own all of the equity interests in TA at the time this Form 3 is filed with the Securities and Exchange Commission. None of the officers or directors of TA own any shares of TA at that time. Following the closing of the acquisition of TravelCenters of America, Inc. by HPT, HPT TA Properties plans to distribute all of its equity interest in TA to HPT. HPT has announced that it intends to spin off all of its shares of TA. If the spinoff takes place, the reporting person intends to file a Form 4 or 5, if and as applicable, reflecting his ownership, if any, of shares of TA.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.