


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90173 009 ***150.00

DOCUMENT # F98000005348

1. Entity Name
 LA QUINTA INNS, INC.



Principal Place of Business
 909 HIDDEN RIDGE
 STE 600
 IRVING, TX 75038

Mailing Address
 909 HIDDEN RIDGE
 STE 600
 IRVING, TX 75038

40010000



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04202006 Chg-P CR2E034 (11/05)

4. FEI Number
 06-1519204 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|---------------------------|--|--|---|---------------------|---------------------------------|--|
| TITLE | PCEO | <input checked="" type="checkbox"/> Delete | | TITLE | MP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | CASH, FRANCIS W | | | NAME | GRAY, JONATHAN D. | | |
| STREET ADDRESS | 909 HIDDEN RIDGE ST 600 | | | STREET ADDRESS | 345 PARK AVENUE | | |
| CITY-ST-ZIP | IRVING, TX 75038 | | | CITY-ST-ZIP | NEW YORK, NY 10154 | | |
| TITLE | EVPO | <input checked="" type="checkbox"/> Delete | | TITLE | MV | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | REA, DAVID L | | | NAME | SUMERS, GARY M. | | |
| STREET ADDRESS | 909 HIDDEN RIDGE STE 600 | | | STREET ADDRESS | 345 PARK AVENUE | | |
| CITY-ST-ZIP | IRVING, TX 75038 | | | CITY-ST-ZIP | NEW YORK, NY 10154 | | |
| TITLE | EVPC | <input checked="" type="checkbox"/> Delete | | TITLE | MV | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | TALLIS, ALAN L | | | NAME | STEIN, WILLIAM J. | | |
| STREET ADDRESS | 909 HIDDEN RIDGE STE 600 | | | STREET ADDRESS | 345 PARK AVENUE | | |
| CITY-ST-ZIP | IRVING, TX 75038 | | | CITY-ST-ZIP | NEW YORK, NY 10154 | | |
| TITLE | EVP | <input checked="" type="checkbox"/> Delete | | TITLE | MVTS | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | SCHRIBER, RUFUS K | | | NAME | MCDONAGH, DENNIS J. | | |
| STREET ADDRESS | 909 HIDDEN RIDGE STE 600 | | | STREET ADDRESS | 345 PARK AVENUE | | |
| CITY-ST-ZIP | IRVING, TX 75038 | | | CITY-ST-ZIP | NEW YORK, NY 10154 | | |
| TITLE | SRVP | <input checked="" type="checkbox"/> Delete | | TITLE | MV | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | GOLDBERG, WAYNE | | | NAME | CAPLAN, KENNETH A. | | |
| STREET ADDRESS | 909 HIDDEN RIDGE STE. 600 | | | STREET ADDRESS | 345 PARK AVENUE | | |
| CITY-ST-ZIP | IRVING, TX 75038 | | | CITY-ST-ZIP | NEW YORK, NY 10154 | | |
| TITLE | SVPS | <input checked="" type="checkbox"/> Delete | | TITLE | VAS | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | MICHEL, SANDRA | | | NAME | BEOVICH, ANTHONY W. | | |
| STREET ADDRESS | 909 HIDDEN RIDGE STE 600 | | | STREET ADDRESS | 345 PARK AVENUE | | |
| CITY-ST-ZIP | IRVING, TX 75038 | | | CITY-ST-ZIP | NEW YORK, NY 10154 | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address like empowered.

SIGNATURE:  Mark M. Chloupek - v.p. 4/24/06 (214) 492-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40078500

La Quinta Inns, Inc., a Delaware corporation
ID # F9800005348

Directors:

Gary M. Sumers
Jonathan D. Gray
William J. Stein

Address:

345 Park Avenue, New York, NY 10154
345 Park Avenue, New York, NY 10154
345 Park Avenue, New York, NY 10154

Officers:

Jonathan D. Gray
Gary M. Sumers
William J. Stein
Dennis J. McDonagh
Kenneth A. Caplan
Anthony W. Beovich
Alan Miyasaki
Mark M. Chloupek

Title:

Senior Managing Director and President
Senior Managing Director and Vice President
Managing Director and Vice President
Managing Director, Vice President, Treasurer and Secretary
Managing Director and Vice President
Vice President and Assistant Secretary
Vice President
Vice President

345 Park Avenue, New York, NY 10154
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909 Hidden Ridge, Ste 600, Irving, TX 75038