

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 19 AM 9:10

DOCUMENT # L04000051998

1. Entity Name
EHP WESTSHORE SUITES, LLC

Principal Place of Business: **100 EAST RIVERCENTER BLVD., SUITE 480 COVINGTON KY 41011**

Mailing Address: **100 EAST RIVERCENTER BLVD., SUITE 480 COVINGTON KY 41011**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

AS

1st MOORE CR2E083 (10/04)

4. FEI Number
30-1624012

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



6. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301**

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EHP OPERATING PARTNERSHIP, LP 100 EAST RIVERCENTER BLVD., SUITE 480 COVINGTON KY 41011 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 800054857788 05/19/05--01051--001 ***200.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **President** **5-02-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
#L0402051998

**Eagle Hospitality Properties Trust
Board of Directors
January 2005**

| | |
|----------------------------|--|
| Thomas E. Banta | 100 E. RiverCenter Blvd., Suite 480 Covington, KY 41011 |
| J. William Blackham | 100 E. RiverCenter Blvd., Suite 480 Covington, KY 41011 |
| William P. Butler | 100 E. RiverCenter Blvd., Suite 480 Covington, KY 41011 |
| Thomas E. Costello | 100 E. RiverCenter Blvd., Suite 480 Covington, KY 41011 |
| Paul S. Fisher | 100 E. RiverCenter Blvd., Suite 480 Covington, KY 41011 |
| Louis D. George | 100 E. RiverCenter Blvd., Suite 480 Covington, KY 41011 |
| Robert J. Kohlhepp | 100 E. RiverCenter Blvd., Suite 480 Covington, KY 41011 |
| Frank C. McDowell | 100 E. RiverCenter Blvd., Suite 480 Covington, KY 41011 |