

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000736

Entity Name: SAGE HGI 5, LLC

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

1512 LARIMER STREET
SUITE 800
DENVER, CO 80202 US

Current Mailing Address:

1512 LARIMER STREET
SUITE 800
DENVER, CO 80202 US

New Principal Place of Business:

1512 LARIMER STREET
SUITE 800
DENVER, CO 80202

New Mailing Address:

1512 LARIMER STREET
SUITE 800
DENVER, CO 80202

FEI Number: 84-1466369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SAGE MANAGEMENT SERV, ICES, INC.
Address: 1512 LARIMER STREET, SUITE 800
City-St-Zip: DENVER, CO 80202 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SAGE MANAGEMENT SERV, ICES, INC.
Address: 1512 LARIMER STREET, SUITE 800
City-St-Zip: DENVER, CO 80202

Title: MGRM () Change (X) Addition
Name: SAGE HOSPITALITY RES, OURCES, LLC
Address: 1512 LARIMER STREET, SUITE 800
City-St-Zip: DENVER, CO 80202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRYSTAL FICKEN

POA

04/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date