



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-03-2006 90071 015 ****50.00

DOCUMENT # M05000003867			
1. Entity Name INTOWN SUITES GROUP AII, LLC			
Principal Place of Business 300 GALLERIA PARKWAY, SUITE 1200 ATLANTA, GA 30339		Mailing Address 300 GALLERIA PARKWAY, SUITE 1200 ATLANTA, GA 30339	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 2727 Paces Ferry Rd. Ste.II-1200		01182008 Chg-LLC CR2E083 (11/05)	
City & State Atlanta, GA 30339		4. FEL Number 20-3109779	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTOWN SUITES MANAGEMENT, INC. 300 GALLERIA PARKWAY, SUITE 1200 ATLANTA, GA 30339 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2727 Paces Ferry Rd. Ste.II-1200 Atlanta, GA 30339 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 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: 		CORP. SECRETARY 3-23-06 (770) 799-5218	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	