


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90002 039 ***150.00

DOCUMENT # P98000026081

1. Entity Name
INNKEEPERS HOSPITALITY FLORIDA, INC.



Principal Place of Business
**306 ROYAL POINCIANA WAY
 PALM BEACH, FL 33480**

Mailing Address
**50 COCOANUT ROW
 SUITE 200
 PALM BEACH, FL 33480**

2. Principal Place of Business
340 Royal Poinciana Way
 Suite, Apt. #, etc.
Suite 300
 City & State
Palm Beach, FL
 Zip
33480 Country
USA

3. Mailing Address
50 Coconut Row
 Suite, Apt. #, etc.
Suite 200
 City & State
Palm Beach, FL
 Zip
33480 Country
USA



01272006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0826461

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FISHER, JEFFREY
306 ROYAL POINCIANA WAY
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
 Name
Fisher, Jeffrey
 Street Address (P.O. Box Number is Not Acceptable)
340 Royal Poinciana Way
Palm Beach
 City
FL Zip Code
33480

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 NAME STREET ADDRESS CITY-ST-ZIP	AS COHEN, PHILIP 50 COCOANUT ROW, SUITE 200 PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JEFFREY 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 340 Royal Poinciana Way
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POLLAK, ROGER 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 Coconut Row, Suite 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, TIMOTHY 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 Coconut Row, Suite 200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Roger Pollak Jeffrey Fisher Timothy Walker Philip Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/27/06 (561)655-9001 Daytime Phone #