


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000026081	
1. Entity Name INNKEEPERS HOSPITALITY FLORIDA, INC.	

Principal Place of Business 340 ROYAL POINCIANA WAY SUITE 306 PALM BEACH, FL 33480	Mailing Address 50 COCOANUT ROW SUITE 200 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0826461	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FISHER, JEFFREY
340 ROYAL POINCIANA WAY
SUITE 306
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS COHEN, PHILIP 50 COCOANUT ROW, SUITE 200 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, JEFFREY 340 ROYAL POINCIANA WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST POLLAK, ROGER 50 COCOANUT ROW SUITE 200 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WALKER, TIMOTHY 50 COCOANUT ROW SUITE 200 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000619832
02/09/07-80012-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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