2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006036

Entity Name: CHH III TENANT PARENT CORP.

FILED Feb 24, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
450 S ORANGE AVE ORLANDO, FL 32801								
Current Mailing Address:				New Mailing Address:				
PO BOX 4920 ORLANDO, FL 328024920				PO BOX 2226 ORLANDO, FL 328022226				
FEI Number: 20-0454789 FEI Number Applied For ()			FEI Nur	Number Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:			
SCARCELLI, LINDA A 450 S ORANGE AVE ORLANDO, FL 32801 US				THOMAS, STEPHANIE J 450 S ORANGE AVE ORLANDO, FL 32801 US				
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: STEPHANIE J THOMAS				02/24/2005				
Electronic Signature of Registered Agent						Da	ate	
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:		()Change ()	Addition	
Title: Name: Address: City-St-Zip:	DP GRISWOLD 450 S ORAN ORLANDO, I	IGE AVE		Title: Name: Address: City-St-Zip:		()Change()	Addition	
Title: Name: Address: City-St-Zip:	ST QUINLAN, TA 450 S ORAN ORLANDO, I	IGE AVE		Title: Name: Address: City-St-Zip:	S BLOOM, BAF 450 S ORAN ORLANDO, F	GE AVE	Addition	
Title: Name: Address: City-St-Zip:	SVP BLOOM, BAI 450 S ORAN ORLANDO, I	IGE AVE		Title: Name: Address: City-St-Zip:	DSVP BLOOM, BAF 450 S ORAN ORLANDO, F	GE AVE	Addition	
Title: Name: Address: City-St-Zip:	SVP WILLIAMS, I 450 S ORAN ORLANDO, I	IGE AVE		Title: Name: Address: City-St-Zip:	TSVP PATTEN, MA 450 S ORAN ORLANDO, F	GE AVE	Addition	
Title:	SVPS	() Delete		Title:	AS	(X) Change()	Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

THOMAS, STEPHANIE J

450 S ORANGE AVE

ORLANDO, FL 32801

SIGNATURE: STEPHANIE J THOMAS AS 02/24/2005

QUINLAN, TAMMIE A

450 S ORANGE AVE

ORLANDO, FL 32801

Name:

Address:

City-St-Zip: