2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P12605 FILED 1. Entity Name SERVICE PROPERTIES 2000, INC. 08 MAY - 1 PH 2: 11 LUGLIART OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 3930 FULTON DRIVE, N.W. 3930 FULTON DRIVE, N.W. CANTON, OH 44718 CANTON, OH 44718 01082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1453083 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARRISH, JON D DO NOT WRITE PARRISH & MOORE PA 2171 PINE RIDGE RD IN THIS SPACE NAPLES, FL 34109 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE THOMAS, GREGORY NAME STREET ADDRESS 3930 FULTON DRIVE NW CITY-\$T-ZIP CANTON, OH TITLE 700129462357 05/14/08--01024--023 **288.75 THOMAS, JOSEPH NAME STREET ADDRESS 3930 FULTON DR., NW CITY-ST-ZIP CANTON, OH TITLE THOMAS, DAVID NAME STREET ADDRESS 3930 FULTON DRIVE NW DO NOT WRITE CITY-ST-ZIP CANTON, OH IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08 330-492-8600