LIMITED PARTNERS REINSTATEM	(Market 2007)	Secretar	TMENT OF STA y of State corporations	E (	DIVISION OF CORPORAT		606
DOCUMENT # A98000002246  1. Name of Limited Partnership							
MeriStar South Seas Partnership, L.P.							
PEINSTATEMENT 200 18 200 3							
2. Principal Office Address  3. Mailing Office Address				_	4. Date Formed or Registered		
4501 N. Fair	fax Drive	4501 N. Fairfax Drive			To Do Business in Florida 09/28/98		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number		Applied For
Suite 500		Suite 500			58-2423220   Not Applicable		
City & State		*City & State*		المستحدث	CERTIFICATE OF STATUS DESIRED		dditional Fee required Certificate of Status
Arlington, VA 22203 Arlington, VA 22203					<b>7a.</b> Capital Contributions as shown o	n Record:	
Zip	Country	Zip	Country		\$100.00		
22203 USA 22203 USA					7b. Amount of Capital Contributions in FLORIDA to date:		
8. Name and Address of Current Registered Agent					\$100.00		
C T Corporation System					FEES:  1.) Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.		
Street Address (P.O. Box Number is Not Acceptable)							
1200 South Pine Island Road					Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.		
Suite, Apt. #, Etc.					Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.		
City	State Zip Code				<ul> <li>Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate</li> </ul>		
Plantation	<u>.</u>	FL	33324		and appropriate filing fee.		
9. Pursuant to the provisions of sections 620.1051 and 620.192, Forida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
10. Name(s) of Go	eneral Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)			City, State and Zip Code	10a.	Registration Document Number
Suite 500					lington, VA 22203 P98000083566 700023674837 10/03/0301070029 **1932.50		
γ <del>-</del>		reinsta:		2	2001-2003	-	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 release the Division of Corporations from any lability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to executethis report as repented by chapter \$20\$, Forida Statutes.

erome / Kraisinger

\_ DATE <u>08/28/03</u>

Typed or Printed Name of General Partner Signing form <u>Jerome J. Kraisinger</u>, <u>Vice President Relephone Number</u> 703.812.7200