

DOCUMENT # B97000000114

1. Entity Name

INNKEEPERS FINANCING PARTNERSHIP III, L.P.

FILED

00 JAN 18 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

306 ROYAL POINCIANA WAY
PALM BEACH FL 33480

Mailing Address

306 ROYAL POINCIANA WAY
PALM BEACH FL 33480-4020

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0729551

Applic
Nor A5. Certificate of Status Desired ☐\$8.75 Addition
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MURPHY, MARK A
306 ROYAL POINCIANA WAY
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$10,614,500.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO DEPT. OF STA
SEE REVERSE SIDE FOR FEE INFORMATA GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # F97000001014
NAME INNKEEPERS FINANCIAL CORPORATION III
STREET ADDRESS 306 ROYAL POINCIANA WAY
CITY - ST - ZIP PALM BEACH FL 33480

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/6/00 (561) 227-1361