

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90511 033 \*\*\*150.00

**DOCUMENT # F00000003793**  
 1. Entity Name  
**TAMPA HOTEL - VEF IV OPERATOR, INC.**



Principal Place of Business  
 3424 PEACHTREE RD., NE  
 SUITE 800  
 ATLANTA, GA 30326

Mailing Address  
 3424 PEACHTREE RD., NE  
 SUITE 800  
 ATLANTA, GA 30326

2. Principal Place of Business  
**3424 Peachtree Rd., NE**

3. Mailing Address  
**3424 Peachtree Rd., NE**

Suite, Apt. #, etc.  
**Suite 450**

Suite, Apt. #, etc.  
**Suite 450**

City & State  
**Atlanta, GA 303**

City & State  
**Atlanta, GA**

Zip  
**30326**

Country

Zip  
**30326**

Country



04082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

4. FEI Number  
**58-2547310**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	PSD MCKEAN, THOMAS A 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 30326	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RYAN, JAMES P 3424 PEACHTREE ROAD, N.E., SUITE 800 ATLANTA, GA 30326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREON, B STANTON 3424 PEACHTREE RD NE STE 800 ATLANTA, GA 30326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Huang, Howard C. 3424 Peachtree Rd., NE, Suite 450 Atlanta, GA 30326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Ryan, James P. 3424 Peachtree Rd., NE, Suite 450 Atlanta, GA 30326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S Breon, B. Stanton 3424 Peachtree Rd., NE, Suite 450 Atlanta, GA 30326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additio
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Additio

12. 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 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: Joseph A. Hill **Joseph A. Hill** 4/13/2004 404-848-8600  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #