2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006733

Address

City-St-Zip:

Entity Name: INNKEEPERS RI ALTAMONTE, INC.

FILED Feb 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 340 ROYAL POINCIANA PLAZA SUITE 306 PALM BEACH, FL 33480 **New Mailing Address: Current Mailing Address:** 340 ROYAL POINCIANA PLAZA SUITE 306 PALM BEACH, FL 33480 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURPHY, MARK A 340 ROYÁL POINCIANA PLAZA SUITE 306 PALM BEACH, FL 33480 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: () Change () Addition Name: FISHER, JEFFREY H Name: 340 ROYAL POINCIANA PLAZA, SUITE 306 Address: Address: City-St-Zip: PALM BEACH, FL 33480 US City-St-Zip: Title: **VPS** () Delete Title: **VPS** (X) Change () Addition Name: MURPHY, MARK A Name: MURPHY, MARK A 340 ROYAL POINCIANA PLAZA, SUITE 306 340 ROYAL POINCIANA PLAZA, SUITE 306 Address: Address: PALM BEACH, FL 33480 US 340 ROYAL POINCIANA PLAZA, S, FL 33480 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete VΡ CRAVEN, DENNIS Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: LINDA PRICE VP 02/12/2007

340 ROYAL POINCIANA PLAZA, SUITE 306

340 ROYAL POINCIANA PLAZA, S, FL 33480