## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 02, 2004 8:00 am Secretary of State

1. Entity Name DUNDEE INNKEEPERS, INC.							04-02-2004 9	90060 0:	31 ***150	).00
Principal Plac	e of Business	N	Aailing Address		<u></u>	1				
1000 MARKET STREET, BLDG. 1, STE. 300 1000 MARKET STREET, BLI PORTSMOUTH, NH 03801 PORTSMOUTH, NH 03801					1, STE. 300					
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02092004	Chg-P	CR2E	034 (10/03)	
City & State			City & State			4. FEI Numbe				oplied For ot Applicable
Zip	Zip Country		Zip Country		itry		of Status Desired		\$8.75 Add Fee Require	
Name and Address of Current Registered Agent					<b>1</b>	7. Name and	Address of New R	egistered	Agent	
C T CORPORATION SYSTEM					Name					
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)					
									_	
					City			FL	Zip Cod	le
	named entity submits tions of registered age		purpose of changing its	register	ed office or registe	red agent, or bot	h, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE  Signature, typed or printed name of registered agent and little If applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Fin.  Trust Fund Contribution										
After M	E NOW!!! FEE IS ay 1, 2004 Fee w	\$ \$150.00 vill be \$550.00	1	-	ncing \$5	.00 May Be led to Fees	,			
After M	ay 1, 2004 Fee w	\$ \$150.00 vill be \$550.00 OFFICERS AND DIRE	Trust Fund Cont	-	ncing \$5		CHANGES TO OFFI	CERS AND		
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indicated on this report or supplied with its lilling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(m3)559-2100