2006 FOR PROFIT CORPORATION ANNUAL REPORT * DOCUMENT # F04000002587



FILED
Mar 27, 2006 8:00 am
Secretary of State
02-17-2006 90079 008 ***150.00

1. Entity Nar	IVIEN # F040000 BE INNKEEPERS, INC.	2307		02-17-2	2000 90079 008	130.00
Principal Place of Business 1000 MARKET STREET, BLDG. 1, STE. 300 PORTSMOUTH, NJ. 03801		Mailing Address 1000 MARKET STREET, BLDG. 1, STE. 300 PORTSMOUTH, NJ 03801		66007218		
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202006 Chg-P	CR2E034 (11/05))
City & State		City & State		4. FEI Number APPLIED FOR	1/Y/4/ V/4	pplied For lot Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of Nev	r Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name Street Address	s (P.O. Box Number is Not Accepte		
ļ			City		FI Zip Cod	te
	Sgreture, typed or printed name of registared age E NOWIII FEE 18 \$150.00 ay 1, 2006 Fee will be \$550	9. Election Camp		5.00 May Be ided to Fees	DATE	
10.		D DIRECTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTOR	S IN 11
TITLE VALUE STREET ADDRESS CITY-ST-ZIP	PD GREENE, DOUGLAS 1000 MARKET STREET, BLDC PORTSMOUTH, NJ 03801	☐ Deleta 3. 1, STE. 300	NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME SIREEI ADORESS CITY-ST-ZIP	VTD AKRIDGE, DAVID 1000 MARKET STREET, BLDC PORTSMOUTH, NJ 03801	☐ Delate 3. 1, STE. 300	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Crange	Addition
IITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEANE, THOMAS M 1000 MARKET STREET, BLDC PORTSMOUTH, NJ 03801	Defets 3. 1, STE. 300	ITILE NAME STREET ADDRESS CITY-SI-ZIP		Change	Addition
TITLE MANE STREET ADDRESS CITY-ST-Z'P		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST+ZiP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP		Change	Addition
12. I hereby indicated of the co-	certify that the information supplied w d on this report or supplemental repor rporation or the receive of basee em , or on an attachment with an address	ith this filing does not qualify it is true and accurate and that overse to execute this repo , with all other tike empowers	my signature shall have the start as required by Chapter 6 c.	ed in Chapter 119, Florida Statutes e same logal effect as if made unde 07, Florida Statutes; and that my na	er oath; that I am an officer ame appears in Block 10 o	nformation or director r Block 11 if

SIGNATURE: _



FLORIDA DEPARTMENT OF STATE

Division of Corporations

February 21, 2006

SOFLAVE INNKEEPERS, INC. 1000 MARKET STREET, BLDG. 1, STE. 300 PORTSMOUTH, NJ 03801

Subject: SOFLAVE INNKEEPERS, INC.

Reference Number:

F04000002587

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION