2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

Pincipal Place of Business Mailing Address 10770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 20901-4448 2. Principal Place of Business Suite, Apr. 4, etc. Suite, Apr. 4, etc. Suite, Apr. 4, etc. City & State City & State City & State City & State Country Country Country Country Country Country Country S. Certificate of Status Desired Suite, Apr. 4, etc. Corporation Service of Manager Corporation Service of Manager Street Address (P. C. Box Number is Not Acceptable) Street Address (P. C. Box Number is Not Acceptable) Street Address (P. C. Box Number is Not Acceptable) Street Address (P. C. Box Number is Not Acceptable) Street Address (P. C. Box Number is Not Acceptable) TALLAHASSEE, FL. 32301 2525 Signature Byports Nyed it coronal review of registered upon too for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am femiliar with, and accept inter obligations of registered agent and registered properties of agent, or both, in the State of Florica. I am femiliar with, and accept inter obligations of registered agent and re	10/770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 20901-4448 10/770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 20901-4448 10/770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 20901-4448 10/770 COLUMBIA PIKE, SUITE 200 SILVER SPRING, MD 209014448 10/770 COLUMBIA PIKE, SUITE 20	DOCUMENT # F0500006026 1. Entity Name 36TH STREET HOTEL HOLDINGS, INC.					,	04-28-2008 9	90326 045	; ***150	.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE MAD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gral 2/ 1008 301-5-92.