

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005439

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: TAMPA SUITES TRS CORP.

## Current Principal Place of Business:

C/O SQUARE MILE CAPITAL MANAGEMENT, LLC  
12 HAVEMEYER PL  
GREENWICH, CT 06830

## New Principal Place of Business:

## Current Mailing Address:

C/O SQUARE MILE CAPITAL MANAGEMENT, LLC  
12 HAVEMEYER PL  
GREENWICH, CT 06830

## New Mailing Address:

3340 PLAYERS CLUB PARKWAY  
SUITE 200  
MEMPHIS, TN 38125

FEI Number: 26-1969444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR  
SUITE 4  
WESTON, FL 33331 US

## Name and Address of New Registered Agent:

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:

Title: CP ( ) Delete  
Name: CITRIN, JEFFREY B  
Address: 12 HAVEMEYER PLACE  
City-St-Zip: GREENWICH, CT 06830

Title: CPS ( ) Delete  
Name: SOLOMON, CRAIG H  
Address: 12 HAVEMEYER PLACE  
City-St-Zip: GREENWICH, CT 06830

Title: TCFO ( ) Delete  
Name: KOENIG, NEIL  
Address: 12 HAVEMEYER PLACE  
City-St-Zip: GREENWICH, CT 06830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: NEIL KOENIG

TCFO

04/29/2009

Electronic Signature of Signing Officer or Director

Date