


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90013 038 ***150.00

DOCUMENT # F94000004483 1. Entity Name LA QUINTA INVESTMENTS, INC.					
Principal Place of Business 909 HIDDEN RIDGE SUITE 600 IRVING, TX 75038			Mailing Address 909 HIDDEN RIDGE SUITE 600 IRVING, TX 75038		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASH, FRANCIS W <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	909 HIDDEN RIDGE STE 600		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REA, DAVID L		NAME		
STREET ADDRESS	909 HIDDEN RIDGE STE 600		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP		
TITLE	EVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TALLIS, ALLAN L		NAME		
STREET ADDRESS	909 HIDDEN RIDGE STE 500		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADTKE, DAVID P		NAME		
STREET ADDRESS	909 HIDDEN RIDGE STE 600		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, STARR V		NAME	V Williams, Scott V.	
STREET ADDRESS	909 HIDDEN RIDGE STE 600		STREET ADDRESS	909 Hidden Ridge, ste 600	
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP	Irving, TX 75038	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLOWERS, STEVEN J		NAME		
STREET ADDRESS	904 HIDDEN RIDGE STE 600		STREET ADDRESS		
CITY-ST-ZIP	IRVING, TX 75038		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 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: <i>David P. Bradtke</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>2/26/04</i> Daytime Phone #: <i>214-492-6600</i> <i>David P. Bradtke - V.P.</i>		



02232004 Chg-P CR2E034 (10/03)

4. FEI Number **74-2670490** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**