FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500003776 (0)

STARWOOD DEVELOPMENT CORP.

Principal Place of Business		Mailing Address			a Lagicað árið Laiði origt dófiri offilt of	Wei Billia an	88 1000 1 88 0 1 8 0	THE BULL LAND	
C/O STARWOOD CAPITAL GOUP		C/O STARWOOD CAPITAL GOUP							
3 PICKWICK PLAZA STE 250 GREENWICH CT 06830		3 PICKWICK PLAZA STE 250			DO NOT WIDITE	IN THIS	¢₽Λ0Ε		
GREENWICH	CT 08830	GREENWICH CT 06830			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
}						08/04/1995			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		- 1 1Δι	pplied For
21].		26			36-3858275			of Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.			•			Additional	
22		27			5. Certificate of Status Desired		Fee Re	equired	
City & Stat	e	City & State			6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip				8. This corporation owes or has pa			
24	25	29 30				Personal Property Tax due June 30. Yes No			
	9. Name and Address of Current	Registered Agent		41		10. Name and Address of New Flo	gistered	Agent	
	T CORPORATION SYSTEM		8	1 Nar	10				
	00 SOUTH PINE ISLAND ROAD		62 Street Add			ess (P.O. Box Number is Not Acceptable)			
PL	ANTATION FL 33324		8	_					
1			ľ	3					
			8	4 City				85 Zip (Code
44 6	10 8 10 20 20 20 20 20 20 20 20 20 20 20 20 20	and COT 4FOR Franks Ctot de	sa tha aba			valies a depoise this at the seat for the	FL	s l	to an olotopad
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	and 607, 1306, Florida Statute of Florida: Such change was a	os, me and authorized l	by the c	ad corpo orporatio	ration submits this statement for the p on's board of directors. I hereby acce	pt the app	ointment as	registered
agent La	m familiar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statut	es.					
SIGNATURE	Signature, lyptid or printed name of registered agen	Messe				1 when reinslating)	DATE		
12.	OFFICERS AND		13.	gont eigna	ture required	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12
TITLE	DCP	DILETE	1.1 70714	:				Change	Addition
NAME	STERNLIGHT, BARRY S 1.2		1,2 NAM	(ļ				
STREET ADDRESS 3 PICKWICK PLAZA STE 250			1.3 STREET		is l				
CITY-ST-ZIP	GREENWICH CT 06830		1.4 CITY	-ST-ZIP					
TOTLE "	V	☐ DECETE	21 1111		1			Change	Addition
NAME	GROSE, MADISON F		2.2 NAM	F	ļ				
STREET ADDRESS	3 PICKWICK PLAZA STE 250		2 3 STHEET ADD		is				1
CITY-ST-ZIP	GREENWICH CT 06830		2. 4 CITY	-ST-ZIP	_ I				
TITLE	\$VT	DELETE	3.1 T/TLE					Change	Addition
NAME	SILVEY, JEROME C		3.2 NAM	Ł					
STREET ADDRESS	3 PICKWICK PLAZA STE 250		3.3 STRE		is				
CITY-ST-ZIP	GREENWICH CT 06830		34. CITY	- ST - 71P					
TITLE	<u>V</u>	☐ DELETE	4 1 TITLE					☐ Change	Addition
NAME	EILIAN, JONATHAN D		4. 2 NAM						
STREET ADDRESS	3 PICKWICK PLAZA STE 250		4.3 S1RE	ET ADDRES	is				
CITY-ST-ZIP	GREENWICH CT 06830		4.4 CiTY						
TITLE	V	DELETE	5.1 T() L E		1			Change	Addition
NAME	KLEEMAN, MERRICK R		5.2 NAM						
STREET ADDRESS	3 PICKWICK PLAZA STE 250			ET ADDRES	s				
CITY-ST-ZIP	GREENWICH CT 06830		5.4 CITY	· · · · · · · · · · · · · · · · · · ·				05	
TATLE		DELETE	6.1 11TLE		}			Change	Addition
NAME			6.2 NAM						
STREET ADDRESS			6.3 \$1RE	ET ADDRES	\$				

SIGNATURE:

3/26/98 00

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

FILED

Apr 01 1998 8:00am

Secretary of State

203-861-2100