2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# F99000005592

Entity Name: LODGIAN HOTELS, INC.

Current Principal Place of Business:

3445 PEACHTREE ROAD,
STE 700
ATLANTA, GA 30326

New Principal Place of Business:

TWO LIVE OAK
3445 PEACHTREE ROAD, NE SUITE 700
ATLANTA, GA 30326

Current Mailing Address:

3445 PEACHTREE ROAD,
STE 700
ATLANTA, GA 30326

New Mailing Address:

TWO LIVE OAK
3445 PEACHTREE ROAD, NE SUITE 700
ATLANTA, GA 30326

FEI Number: 52-2197541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PTD ( ) Delete
Name: ETHRIDGE, DEBORAH N
Address: 3445 PEACHTREE ROAD, SUITE 700
City-St-Zip: ATLANTA, GA 30326

Title: VSD ( ) Delete
Name: EILLS, DANIEL E
Address: 3445 PEACHTREE ROAD, SUITE 700
City-St-Zip: ATLANTA, GA 30326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: ETHRIDGE, DEBORAH
Address: 2 LIVE OAK, 3445 PEACHTREE RD, NE STE 700
City-St-Zip: ATLANTA, GA 30326

Title: VSD (X) Change ( ) Addition
Name: ELLIS, DANIEL EUGENE
Address: 2 LIVE OAK, 3445 PEACHTREE RD, NE STE 700
City-St-Zip: ATLANTA, GA 30326

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: LAURA LOUIS POA 03/23/2009

Electronic Signature of Signing Officer or Director — Date