2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # L00000013813 1. Entity Name LIBERTY INN. LLC Mailing Address Principal Place of Business 5861 HERITAGE PARK WAY DELRAY BEACH, FL 33484 5858 HERITAGE PARK WAY DELRAY BEACH, FL 33484 01062006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1085083 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE SCHEMEL, ROBERT G 5861 HERITAGE PARK WAY DELRAY BEACH, FL 33484 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signalure reduited when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR WILE UNNORS17394 05/01/06-80042-017 55 00 SCHEMEL, ROBERT G NAME STREET ADDRESS 5861 HERITAGE PARK WAY CITY-ST-ZIP DELRAY BEACH, FL 33484 717LE NAME STREET ADDRESS City-St-Zip TITLE MAME STREET ADDRESS DO NOT WRITE CISY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 717LE

11. I hereby certify that the internation supplied with this filing sceep to qualify for the exemptions contained in Chapter 119, Floride Statutes. I further certify that the information indicated on this report is five and accurate and that my signature shall have the same legal effect as if made under cath, that I am a managing member or manager of the limited liability company of the specific properties accurate the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME SIRLET ADDRESS CITY-ST-ZIP TIPLE NAME STREET ADDRESS

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-12-06 5

District Phone #

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