2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2008 08:00 AN **DOCUMENT # L27118 Secretary of State** 1. Entity Name LODGING & HOSPITALITY REALTY, INC. Principal Place of Business Mailing Address 3109 PONCE DE LEON BLVD 3109 PONCE DE LEON BLVD CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01252008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0157877 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRUSTY, GUY DO NOT WRITE 3109 PONCE DE LEON BLVD CORAL GABLES, FL 33134 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 signature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PVTD** TRUSTY, GUY NAME 3109 PONCE DE LEON BLVD STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS U00000799958 CITY-ST-ZIP 01/30/08-80089-010 150.00 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS CFTY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 addresse, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

URINAND TYPED OF PUNTEDAME OF BIGNING OFFICER OR DIRECTOR

1/25/08

Daytime Phone ●

FILED