2001	UNIFORM	<b>BUSINESS</b>	REPORT	(UBR)
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DOCU	MENT# MOOO	20001542		-	<u>-</u>				9177	
1. Entity Name						FILED				
MIRAMAR LODGING, LLC										
						OIFEB-5 AI	410:14	,		
Principal Place of Business Mailing Address										
1375 EAST NINTH STREET. SUITE 2750 1375 EAST NINTH STREET. SU CLEVELAND OH 44114 CLEVELAND OH 44114				SECRETARY OF STATE TALEAHASSEE, FLORIC			FLORIDA	1		
		•								
2. Principal Place of Business 3. Mailing Address 1375 East 912 St. 1375 East 912			911.							
Suite, Apt.	#, etc. 0350	Suite, Apt. #, etc.	<b>5</b> 0	DO NOT WRITE IN THIS SPACE						
City & State City & State				<del></del>	4. FEI Number Applied For				]	
<u>Clever</u> Zip	AND Country	LIQUELANO Zip	evelano OHIO Country			NOT APPLICABLE   Not Applicable   \$5.00 Additional			-	
44114		44114		<u> </u>		ficate of Status Desired	Fee Require			
· · · · · ·	6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Registere	d Agent		1	
CORPORA	ATION SERVICE COMPANY			Street Address (P.O. Box Number is Not Acceptable)				} .		
	S STREET								$\frac{1}{2}$	
TALLAHASSEE FL 32301-2525				City			■ Zip Cod	е	-	
<u></u>					<del></del>	· F	L   Elp soo	<del>-</del>		
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or	registered agent,	or both, in the State of Florida.				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signatur	re required when reinstati	ng) DATE	<del></del> ,			
	- Symmetry (process of printed leaders of printed l				<del></del>				1	
	·	Make Check Page		FEE IS \$5 Departn		60000367 -02/12/01- *****\$0.0	-01146	015		
9.	MANAGING MEMB	EDS/MEMBEDS	10,			ネネネネをもり。U ADDITIONS/CHANGI		50.00	-	
TITLE	MGRM	Delete	TITLE		MERM	, a principal survey	Change	Addition	8	
NAME	MOYAR, BERT W		NAME	ET ADDRESS	MOYAL &	Pert Way	•		CR2E083 (11/00)	
STREET ADDRESS CITY-ST-ZIP	1375 EAST NINTH STREET, SUIT   CLEVELAND OH 44114	E 2/50	•	ST-ZIP	Cleve AND	1375 EAST 915 SUITE 2350				
TITLE		☐ Delete	TITLE		<b>_</b> _		Change	☐ Addition	E E	
NAME STREET ADDRESS			NAME	ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP					_	
TITLE NAME		☐ Delete	TITLE				Change	☐ Addition		
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NAME STREET ADDRESS			NAME	ET ADDRESS					1	
CITY-ST-ZIP			CITY-	ST-ZIP			<u></u>			
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NAME STREET ADDRESS		•	NAME STREE	ET ADDRESS		•				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-	ST-ZIP					1	
TITLE NAME		Delete	TITLE NAME				☐ Change	Addition		
STREET ADDRESS				T ADDRESS		•			}	
CITY-ST-ZIP				ST-ZIP			. 10		}	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
	leder	W/ flore	بے) چے (ا	))		1/20/2	1115	n(h/1		
SIGNATURE: 30/6/ 1/6 SP-0441  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone # 01+10/										