2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

EILED SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # M0000001545 BOCA LODGING, LLC** 04 MAY 10 PM 2: 25 Principal Place of Business Mailing Address 1375 EAST NINTH STREET, SUITE 2350 1375 EAST NINTH STREET, SUITE 2350 CLEVELAND, OH 44114 CLEVELAND, OH 44114 04192004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MOYAR, BERT W NAME 1375 EAST NINTH STREET, SUITE 2350 STREET ADDRESS CLEVELAND, OH 44114 CITY-ST-ZIP 500037303199 TITLE 05/25/04--01070--007 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE: ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE 124ME STREET ADDRESS CITY-ST-ZIP

Daytime Phone 4