

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90071 007 ****50.00

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01182006 Chg-LLC CR2E083 (11/05)

DOCUMENT # M03000002765 1. Entity Name INTOWN SUITES ORLANDO NORTH, LLC						
Principal Place of Business 300 GALLERIA PKWY, STE 1200 ATLANTA, GA 30339			Mailing Address 300 GALLERIA PKWY, STE 1200 ATLANTA, GA 30339			
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address 2727 Paces Ferry Rd. Ste.II-1200 Atlanta, GA 30339				
Zip Country		Zip Country		4. FEI Number 58-2252826		
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INTOWN SUITES GROUP ONE, LLC 300 GALLERIA PKWY, STE 1200 ATLANTA, GA 30339		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2727 Paces Ferry Rd. Ste.II-1200 Atlanta, GA 30339	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>M. V. V. CORP. SECRETARY</u> 3-23-06 (770) 799-5218						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						
<small>Date</small>						
<small>Daytime Phone #</small>						