2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# M03000002765

Entity Name: INTOWN SUITES ORLANDO NORTH, LLC

Current Principal Place of Business:

736 LEE RD.
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

2727 PACES FERRY RD
STE 2-1200
ATLANTA, GA 30339

New Mailing Address:

FEI Number: 58-2252826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: INTOWN SUITES MEZZ TWO, LLC
Address: 2727 PACES FERRY RD., STE 2-1200
City-St-Zip: ATLANTA, GA 30339

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: KLINGER, MICHAEL
Address: 141 GODFREY ROAD
City-St-Zip: WESTON, CT 06883

Title: VP ( ) Change (X) Addition
Name: GRIFFITH, SCOTT
Address: 2905 SEVEN PINES LANE #102
City-St-Zip: ATLANTA, GA 30339

Title: SEC ( ) Change (X) Addition
Name: CASSEL, DENNIS
Address: 6142 NARCISSA PLACE
City-St-Zip: DULUTH, GA 30097

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TEKERRA YOUNG TAX 04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date