


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90184 038 \*\*\*\*50.00

|   |                                |  |  |  |  |
|---|--------------------------------|--|--|--|--|
| <b>DOCUMENT # M04000001422</b><br>1. Entity Name<br><b>ENN TALLAHASSEE, LLC</b>   |                                |  |  |   |  |
| Principal Place of Business<br><b>7700 WOLF RIVER BOULEVARD<br/>GERMANTOWN, TN 38138</b>  |                                |  | Mailing Address<br><b>7700 WOLF RIVER BOULEVARD<br/>GERMANTOWN, TN 38138</b> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |                                | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |  |  |  |
| City & State<br><br>Zip      Country  |                                | City & State<br><br>Zip      Country                         |  |  |  |
| 4. FEI Number<br><b>01042005      Chg-LLC      CR2E083 (10/03)</b><br><b>APPLIED FOR</b>  |                                |  |  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |                                |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |                                |  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b>      Zip Code</span> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                |  |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |                                | <b>Make check payable to<br/>Florida Department of State</b> |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> </div> </div>  |                                |  |  |  |  |
| TITLE   | MGR                            | <input type="checkbox"/> Delete                              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  | EQUITY INNS TRS HOLDINGS, INC. |  | NAME   |  |  |
| STREET ADDRESS  | 7700 WOLF RIVER BOULEVARD      |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   | GERMANTOWN, TN 38138           |  | CITY-ST-ZIP  |  |  |
| TITLE   |                                | <input type="checkbox"/> Delete                              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                |  | NAME   |  |  |
| STREET ADDRESS  |                                |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                |  | CITY-ST-ZIP  |  |  |
| TITLE   |                                | <input type="checkbox"/> Delete                              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                |  | NAME   |  |  |
| STREET ADDRESS  |                                |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                |  | CITY-ST-ZIP  |  |  |
| TITLE   |                                | <input type="checkbox"/> Delete                              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                |  | NAME   |  |  |
| STREET ADDRESS  |                                |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                |  | CITY-ST-ZIP  |  |  |
| TITLE   |                                | <input type="checkbox"/> Delete                              | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME  |                                |  | NAME   |  |  |
| STREET ADDRESS  |                                |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP   |                                |  | 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. |                                |  |  |  |  |
| <b>SIGNATURE:</b> <i>Ronald Cooper</i> <b>VP RONALD COOPER</b> <span style="float: right;">1/6/05</span>  |                                |  |  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>   |                                |  |  |  |  |