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Secretary of State
04-03-2006 90071 010 ***150.00

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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003877

1. Entity Name
INTOWN SUITES BRANDON, LLC

300053611

01092006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
C/O INTOWN SUITES MANAGEMENT, INC. 300 GALLERIA PARKWAY, SUITE 1200 ATLANTA, GA 30339	C/O INTOWN SUITES MANAGEMENT, INC. 300 GALLERIA PARKWAY, SUITE 1200 ATLANTA, GA 30339

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 2727 Paces Ferry Rd. Ste.II-1200	
City & State Atlanta, GA 30339	
Zip / Country	Zip / Country

4. FEI Number 20-3102404 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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) DATE

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 SUBURBAN HOLDINGS, L.P. 300 GALLERIA PARKWAY, SUITE 1200 ATLANTA, GA 30339	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2727 Paces Ferry Rd. Ste.II-1200 Atlanta, GA 30339 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] CORP. SECRETARY 3-23-06 (770) 799-5218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #