


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUN -6 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000005615 1. Entity Name CPI-SAGE HOTELS ORLANDO OWNER, LLC					
Principal Place of Business 1512 LARIMER STREET, SUITE 800 DENVER, CO 80202			Mailing Address 1512 LARIMER STREET, SUITE 800 DENVER, CO 80202		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CPI-SAGE HOTELS OWNER MANAGER, LLC 1512 LARIMER STREET, SUITE 800 DENVER, CO 80202		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	
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	
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>MGR SAGE POA</u>			5/23/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
314-863-1852			Daytime Phone #		

MO5 000005615

Power of Attorney

FILED
2006 JUN -6 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE IS HEREBY GIVEN THAT Sage Hospitality Resources, Inc.
("Corporation"), a corporation incorporated under the laws of DE
does hereby appoint Mary Belton, Donald Garner, Amy Ehnes and Patrick McGrath as
attorney-in-fact for the Corporation to act for the Corporation and affiliates and subsidiaries of
the Corporation attached hereto as Exhibit A, specifically incorporated herein by reference ("the
Subsidiaries") in the Corporation's and Subsidiaries' names for the limited purposes authorized
herein.

mk

The Corporation and Subsidiaries, having taken all necessary steps to authorize the
changes, hereby grants it's attorney-in-fact the power to execute the documents necessary to file
annual reports, annual registrations, and forms of similar import on behalf of the Corporation and
Subsidiaries in any state and the District of Columbia.

This Power of Attorney expires when revoked by the Corporation or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the
17th day of March 2006.

CG

SVR - Sage Hospitality Resources

Sworn to and subscribed before me
this 17th of March, 2006

Notary Public, State of Colorado
Commission Expires: 11/16/2008



FILED
JUN -6 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M05000005615

Exhibit A

CMH, LLC

CPI-Sage Hotels Orlando Owner, Inc.

Sage Client 278, LLC

Sage Client 279, LLC

Sage Client 291, LLC

Sage HGI 5, LLC

Sage Restaurant Manager, LLC

Sage Restaurant Manager Kansas, LLC

BK

FILED
2006 JUN -6 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2006 JUN -6 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA