2008 LIMITED LIABILITY COMPANY

FILED Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # M06000001281** 1. Entity Name PSL HOTEL INVESTORS, LLC Principal Place of Business Mailing Address 1933 CLIFF DRIVE, SUITE 1 1933 CLIFF DRIVE, SUITE 1 SANTA BARBARA, CA 93109 SANTA BARBARA, CA 93109 01112008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-4168558 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000930418 MANAGING MEMBERS/MANAGERS MGR TITLE IWF GOLF HOTEL INVESTORS, L.P. NAME STREET ADDRESS 1933 CLIFF DRIVE, SUITE 1 CITY-ST-ZIP SANTA BARBARA, CA 93109 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE