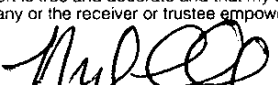


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90420 018 ****50.00

DOCUMENT # M06000004718					
1. Entity Name LQ WEST PALM BEACH L.L.C.					
Principal Place of Business C/O THE BLACKSTONE GROUP 345 PARK AVENUE NEW YORK, NY 10154			Mailing Address C/O THE BLACKSTONE GROUP 345 PARK AVENUE NEW YORK, NY 10154		
2. Principal Place of Business - No P.O. Box # 909 Hidden Ridge Suite, Apt. #, etc. Ste 600		3. Mailing Address 909 Hidden Ridge Suite, Apt. #, etc. Ste 600			
City & State Irving, TX		City & State Irving, TX		04192007 Chg-LLC CR2E083 (12/06)	
Zip 75038		Country U.S.		4. FEI Number 20-5430592	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LODGE BORROWER III L.L.C. 345 PARK AVENUE NEW YORK, NY 10154 ☐ 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	
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:  <u>mark m. chloupek - v.p.</u> <u>4/23/07</u> <u>(214) 492-6600</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					