

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006246

FILED
Feb 20, 2007
Secretary of State

Entity Name: SUMMIT HOTEL PROPERTIES, LLC

Current Principal Place of Business:

2701 S. MINNESOTA AVENUE, STE. 6
SIOUX FALLS, SD 57105

New Principal Place of Business:

Current Mailing Address:

2701 S. MINNESOTA AVENUE, STE. 6
SIOUX FALLS, SD 57105

New Mailing Address:

FEI Number: 20-0617340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOEKELHEIDE, KERRY W
Address: 2701 S. MINNESOTA AVENUE, STE. 6
City-St-Zip: SIOUX FALLS, SD 57105

Title: MGR () Delete
Name: BILLS, CHRIS
Address: 2701 S. MINNESOTA AVENUE, STE. 6
City-St-Zip: SIOUX FALLS, SD 57105

Title: MGR () Delete
Name: ANISZEWSKI, CRAIG
Address: 2701 S. MINNESOTA AVENUE, STE. 6
City-St-Zip: SIOUX FALLS, SD 57105

Title: MGR () Delete
Name: HANSEN, DAN
Address: 2701 S. MINNESOTA AVENUE, STE. 6
City-St-Zip: SIOUX FALLS, SD 57105

Title: MGR () Delete
Name: PURNER, TOM
Address: 2701 S. MINNESOTA AVENUE, STE. 6
City-St-Zip: SIOUX FALLS, SD 57105

Title: MGR () Delete
Name: SCHOCK, PAUL
Address: 2701 S. MINNESOTA AVENUE, STE. 6
City-St-Zip: SIOUX FALLS, SD 57105

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: PRUNER, TOM
Address: 2701 S. MINNESOTA AVENUE, STE. 6
City-St-Zip: SIOUX FALLS, SD 57105

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRIS ENG

VP

02/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date