## FILE NOW: Fee after May 1, will be \$588.75

FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 97 MAR 18 PM 12: 32 **FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee ECRETARY OF STATE Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 TALLAHASSEE, FLORIDA Name and Mailing Address of Limited Liability Company **DOCUMENT #**M9500000362 1a. Principal Place of Business Address TRALODGE I, L.L.C. % WAFRA INVESTMENT ADVISORY GROUP WEST 57TH STREET, 38TH FLOO 9 WEST 57 ST., 38TH FLOOR 800 NEW YORK NY 10019 NEW YORK NY 10019 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2/08/1995 DΕ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 3-3861295 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip SB 75 Additional Fee Required 05/01/1996 8. Name and Address of New Registered Agent 7. Name and Address of Current Registered Agent COLLINS, THEDA J ESQ. C/O BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) B111 STIRLING ROAD Pr. LAUDERDAGE FL 33312 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE \_\_\_ DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title City, State and Zip Code Managing Members/Managers **Business Street Address** MGRM TR HOLDINGS, INC. WEST 57TH STREET, 38TH F NEW YORK NY 400002114264--7 -03/14/97--01109--007 \*\*\*\*203.75 \*\*\*\*203.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER