


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

RECEIVED JAN 24 1997

**FILED**

97 FEB 18 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
--------------------------------	-----------------------------------------------------------------------------------------------------------------------------

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M96000000389**

INNKEEPERS DESIGN AND CONSTRUCTION, LLC  
312-A WILSON PIKE CIRCLE  
BRENTWOOD TN 37027

1a. Principal Place of Business Address  
312-A WILSON PIKE CIRCLE  
BRENTWOOD TN 37027

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business <u>Same</u> Suite, Apt. #, etc.		2a. Mailing Address <u>Same</u> Suite, Apt. #, etc.		3. Date Organized or Qualified 10/09/1996	3a. State of Formation TN
City & State		City & State		4. FEI Number 62-1653589	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> Yes (Additional Fee Required) <input type="checkbox"/> No

**7. Name and Address of Current Registered Agent**

THOMAS, KENT  
3916 INDIA COVE  
GULF BREEZE FL 32561

**8. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc. 000002090870-1  
City FL Zip Code 02/18/97-01109-012  
\*\*\*\*203.75 \*\*\*\*203.75

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. I hereby 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	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ROBERSON, STEPHEN J	312-A WILSON PIKE CIRCLE	BRENTWOOD TN
MGR	MORGAN, THOMAS E JR.	312-A WILSON PIKE CIRCLE	BRENTWOOD TN

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:**  Thomas E. Morgan, Jr. 1/27/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #