## 2000 UNIFORM BUSINESS REPORT (UBR) M98000001121 DOCUMENT # FILED MERISTAR SONG OF THE SEA COMPANY, L.L.C. 00 JAN 24 PM 3: 44 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1010 WISCONSIN AVENUE, N.W. 1010 WISCONSIN AVENUE, N.W. WASHINGTON DC 20007-3603 WASHINGTON DC 20007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0872700 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **C T CORPORATION SYSTEM** Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS **MGRM** ☐ Delete TITLE TITLE MERISTAR HOSPITALITY OPERATING PTNRSHP,LP NAME NAME 1010 WISCONSIN AVENUE, N.W. STREET ADDRESS STREET ADDRESS WASHINGTON DC 20007 CITY- ST- 71P CITY- ST- ZIP Change TITLE ☐ Defete TETLE MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP - ^ 🗌 Change TITLE Defete TITLE 800003118208-NAME -02/01/00--01059--021 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP \*\*\*\*50.00 CITY- ST- ZIP \*\*\*\*\*50.00 ☐ Change Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY- 8T- ZLP CITY-ST-ZIP ☐ Delate TITLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-81-ZIP CITY-ST-ZIP ☐ Change ... Delate TITLE TITLE MARKE MAME STREET ADDRESS STREET ADDRESS CITY- ST-7IP CITY- 8T- 71P 11. I 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 report is true and accurate any 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

1/10/00

202-965-4455