~ ~2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9800001122					FILED			
MERISTAR SANIBEL BEACH COMPANY, L.L.C.					•			
							4 AM :	
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA			E	
1010 WISCONSIN AVENUE. N.W. 1010 WISCONSIN AVENUE. WASHINGTON DC 20007 WASHINGTON DC 20007-30						MELAHASS	SEE, FLORI	ĴΑ
WASHINGTON	00 2007	WASHINGTON DC 2000/	~3003		1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HIS (BIS) HONE SOME DRINK (ERIKI BEKIL ERIAL (1986)	(18)# 1 (8) # 1086
		La Maria						
2. Principal P	3. Mailing Address	ing Address		1 10010011	114 14121 15111 65111 65111	981)(92)((88(8))(88) (1818 11819 1181 1681	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State		4. FEI Number	65-0872699		Applied For	
Zip Country		Zip Country		try			 \$5.00	Not Applicable Additional
· ·	C. N d Address of Courses			·] .	f Status Desired	☐ Fee Req	
	6. Name and Address of Current	Hegistered Agent		Name	7. Name and A	ouress of New Reg	istered Agent	
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324								
PENNIATION FE 33324				City			FL Zip (Code
8 The above	named entity submits this statement for	r the nurnose of changing it	s registers	ad office or register	red agent or both	in the State of Floric	[-
o. The above	Trained entity submite this statement to	the purpose of changing is	o rogiotore	a omeo or regional	iou agoni, or soun	in the state of Florid		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered	1 Agent signature required	d when reinstating)		DATE	
		FILE N	IOW!!! F	EE IS \$50.00				
	\			Department o	of State			
9.	MANAGING MEMBE	ERS/MEMBERS	10.			ADDITIONS/C	HANGES	
TITLE NAME	MGRM		TITLE				Chan	nge 🔲 Antdition
STREET ADDRESS	1010 WISCONSIN AVENUE, N.W.			ET ADDRESS				
CITY- ST- ZIP	WASHINGTON DC 20007		CITY-	\$T-ZIP	70	000031 -02/01/1	1988° 1001046	~-5 ™01194###
TITLE Name		L_J Delette	NAMI			*****5[). ()()	. * 50.00
STREET ADDRESS CITY-87-ZIP				ET ADDRESS ST-ZIP		4 1		
ПТЦЕ		Delets	ÎTILE			$\sqrt{1}$	Chan	ige 🔲 Addittor
NAME STREET ADDRESS	,		MAMI Stre	ET ADDRESS	(:			
CITY- \$T-ZIP				\$T-ZIP	\	y		
TITLE NAME	,	Delete	TITLE				Chan	ige 🔲 Addition
STREET ADDRESS			\$TRE	ET ANDRESS				
CITY-ST-ZIP			TITLE	ST-ZIP			☐ Chan	ngs 🗌 Addition
NAME			HAMI	•				•- <u> </u>
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP				
TITLE		☐ Delete	TITLE				Chan	ige 🗌 Addition
NAME STREET ADDRESS	•		NAMI STRE	ET ADDRESS				
CITY-81-ZIP			¢ITY-	ST-ZIP				
11. I hereby of indicated	certify that the information supplied with on this report is true and adcurate and bility company or the receiver of tryistee	this filing does not qualify for the my signature shall have	or the exer the same	nption stated in Se legal effect as if n	ection 119.07(3)(i), nade under oath; t	Florida Statutes. I fu hat I am a managing	irther certify that t g member or man	he information ager of the
limited lia	Dility company or the receiver of trustee	rempowered to execute this	report as	required by Chap	ter 608, Florida Sta	atutes.		

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGE

SIGNATURE:

1/10/00

202-965-4455