2000 UNIFORM BUSINESS REPORT (UBR) FILED M98000001124 DOCUMENT # 00 JAN 25 PM 2: 46 1. Entity Name MERISTAR SEASIDE INN COMPANY, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 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. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0872703 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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 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 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES MGRM Addition TITLE Delete TITLE Change MERISTAR HOSPITALITY OPERATING PTNRSHP, LP NAME RAME STREET ADDRESS 1010 WISCONSIN AVENUE, N.W. STREET ADDRESS CITY-8T-ZIP WASHINGTON DC 20007 CITY- 81-ZIP Delete noitibbs . TITLE TITLE 400003112184 STREET ADDRESS STREET ADDRESS -01/27/00--01009--018 CITY-ST-ZIP CITY- 21- ZIP ..*****50.00 *****50**.**00 Desiete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY- ST-71P Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- 71P

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that making indicated on this report is true and accurate and that making indicated in this report is true and accurate and that making indicated in this report is true and accurate and that making indicated in the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received of trusted empowered according to the received of trusted empowered according to the control of the limited liability company or the received of trusted empowered according to the control of the limited liability company or the received of trusted empowered according to the limited liability company or the received of trusted empowered to the limited liability company or the received of trusted empowered to the limited liability company or the received of trusted empowered to the limited liability company or the received of trusted empowered to the limited liability company or the received of trusted empowered to the limited liability company or the received of trusted empowered to the limited liability company or the received of trusted empowered to the limited liability company or the received of trusted empowered to the limited liability company or the received of trusted empowered to the limited liability company or the received empowered to the limited liability company or the received empowered to the limited liability company or the received empowered to the limited liability company or the received empowered to the limited liability company or the received empowered to the liability company of the liability

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

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