2000 UNIFORM BUSINESS REPORT (UBR)					
DOCUMENT # M9800001127 1. Entity Name MERISTAR MARCO ISLAND COMPANY, L.L.C.				FILED	
				00 JAN 21 PM 3: 57	
Principal Place of Business 1010 WISCONSIN AVENUE, N.W. WASHINGTON DC 20007		Mailing Address 1010 WISCONSIN AVENUE, N.W. WASHINGTON DC 20007-3603		SECRETARY OF STATE TALLAHASSEE. FLORIDA	
2. Principal Place of Business		3. Mailing Address		C TO DESCRIPTION TO SELECT CARRY MATERIAL DESIGN CONTROL STATE SERVE SHOWN SOUTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3540022	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	7. Name and Address of New Registe	red Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)		
	ON FL 33324				
			City		FL 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)					
		I	OW!!! FEE IS \$50.00 ayable to Department		
9. MANAGING MEMBERS/MEMBERS TITLE MGRM Delete			10.	ADDITIONS/CHAN	VGES Addition
NAME STREET ADDRESS CITY-ST-ZIP	MERISTAR HOSPITALITY OPERATING PTNRSHP,LP		MAME STREET ADDRESS CITY- ST- ZIP		
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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 and fliat 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 of trustee empowered to execute this legal that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this legal to 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 of trustee empowered to execute this legal to 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 of trustee empowered to execute this legal to the limited liability company or the receiver of trustee empowered to execute this legal to the limited liability company or the receiver of trustee empowered to execute this legal to the limited liability company or the receiver of trustee empowered to execute this legal to the limited liability company or the receiver of trustee empowered to execute this legal to the limited liability company or the receiver of trustee empowered to execute this legal to the liability company or the receiver of trustee empowered to execute this legal to the liability company or the receiver of trustee empowered to execute the liability company or the receiver of trustee empowered to execute the liability company or the receiver of trustee empowered to execute the liability company or the receiver of trustee empowered to execute the liability company or the receiver of the liability company or the receive					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Dayline Phone #					