MAR-30-1999 10:46 C T CORPORATION WASH DC 202 393 1760 P.04/05

File on or before May 1, 1999 or Limited Liability Company subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -9 PM 5:00
SECRETARY OF STATE

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company — **DOCUMENT # M99000001128**

Meristar Shirley's Parcel Company, LLC
1010 Wisconsin Ave., NW
Washington, DC 20007

1a. Principal Place of Business Address
1010 Wisconsin Ave, NW
Washington, DC
20007

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/2/98	DC
City & State	City & State	4. FEI Number: 65-0877206	☐ Applied For ☐ Not Applicable
Zip / Country	Zip / Country	5. Date of Last Report	6. Certificate of Status Desired ☐ Additional Fee Required

7. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324

8. Name and Address of New Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City — FL — Zip Code

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	Meristar Hospitality Operating Partnership L.P.	1010 Wisconsin Ave, NW	Washington, DC 20007

COMMONWEALTH
-04/19/99--01003--023
****188.75 ****188.75

T.J.C. APR 15 1999

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: _____ Christopher L. Bennett 4/6/99 202-965-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-97)