## >2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9800001128					FILED				
MERISTAR SHIRLEY'S PARCEL COMPANY, L.L.C.					00 JAN 24 AM 11: 15				
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE. FLORIDA			
1010 WISCONSIN AVENUE. N.W. 1010 WISCONSIN WASHINGTON DC 20007 WASHINGTON DC					11				*188+ 1811 T881
Principal Place of Business     3. Mailing Addres			<u></u>						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI No	umber <b>65-087220</b> 0	3	1 -1	plied For
Zip Country		Zip Country			5. Certific	cate of Status Desired		\$5.00 Add	litional
	6. Name and Address of Current F	Registered Agent		[مسجعت د ی ه	7. Name	and Address of New I	Registered	,	
	o. Hame and Address of Garrent	- Allocated Agent	N	vame	77 102		10910		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			s	Street Address (P.	O. Box Nu	umber is Not Acceptable	e)		
PLANTATI	ON FL 33324			Dity			Fl	Zip Cod	e
8. The above	named entity submits this statement for	the purpose of changing its	s registered o	office or registere	ed agent, o	r both, in the State of FI		- 1	
SIGNATURE .	Signature, typed or printed name of registered agent a		TE: Begistered Age	ent signature required w	when reinstating	a)	DATE		
	Signature, speed or private ratio or registered again a					•			
		FILE N Make Check Pa		E IS \$50.00 Department of	State				
9.	MANAGING MEMBE	RS/MEMBERS	10.		· · ·	ADDITIONS	/CHANGE	3	_
TITLE	MGRM	☐ Delete	TITLE					Change	Addition
MAME	MERISTAR HOSPITALITY OPERATING PTNRSHP,LP		NAME						
STREET ADDRESS CITY-ST-ZIP	1010 WISCONSIN AVENUE, N.W. WASHINGTON DC 20007		STREET A	- 1		500003	119	885-	<b>1</b> -
TITLE	TYASHINGTON DC 20007		TITLE		: *		/W==L 50.00	<u>11145</u> € <b>₩₩₩</b>	O <b>CONDUC</b>
NAME STREET ADDRESS			NAME STREET A						
CITY-81-ZIP	<u> </u>	☐ Delete	CITY-81-			, <del></del> ,	• .	☐ Change	Addition
NAME			MAME			$\sim 1$			
STREET ADDRESS CITY-ST-ZIP			STREET A						
TITLE .		☐ Delicte	TITLE	Ì		1 1		Change	Addition
NAME STREET ADDRESS			NAME STREET A	ODRESS					
CITY-SI-ZIP			CITY- 8T-	ZIP		· ·		Channe	□ #dditton
TITLE NAME		☐ Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET AI CITY-ST-						
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NAME STREET ADDRESS			NAME 8TREET AI	DORESS					
CITY-81-ZIP		_ <del>,</del>	CITY-8T-	1		•			
indicated	certify that the information supplied with on this report is true and accurate and i bility company or the receiver or rustee	that my signature shall bave	the same leg	gal effect as if ma	ade under	oath; that I am a mana	I further ce ging memb	ertify that the in er or manage	nformation r of the