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 is 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 5:07
SECRETARY OF STATE

FILING FEE $ 188.75

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

DOCUMENT # n19000001129

1. Name and Mailing Address of Limited Liability Company

Meristar Sundial Beach Company, L.L.C.
1010 Wisconsin Ave., NW
Washington, DC 20007

10. Principal Place of Business Address

1010 Wisconsin Ave. NW
Washington, DC
20007

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

3. Date Organized or Qualified: 10/2/98

3a. State of Formation: DE

4. FEI Number: 65 0873007

☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
Add'l 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 | Zip Code
FL

04/19/99--01003--022
****188.75 ****188.75

9. Pursuant to the provisions of Sections 608.416 and 608.506, 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

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. Bedrick 4/6/99 202-905-1955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone

INHSE10 R (12-97)