## ~ 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9800001129  1. Entity Name MERISTAR SUNDIAL BEACH COMPANY, L.L.C.				FILED	
				00 JAN 25 PM 2: 46	
Principal Place of Business Mailing Address			UE NIM	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1010 WISCONSIN AVENUE, N.W. 1010 WISCONSIN AVENUE, N.Y. WASHINGTON DC 20007 WASHINGTON DC 20007-3603				INCLAMA	
Principal Place of Business     3. Mailing Address					1 <b>3</b> 1112
Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State C		City & State		4. FEI Number 65-0873007	Applied For
Zip Country Z		Zip	Country	5. Certificate of Status Desired	Not Applicable   \$5.00 Additional
<del></del>	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Address of New Reg	Fee Required
Name					•
	PORATION SYSTEM		Street Addres	Street Address (P.O. Box Number is Not Acceptable)	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<del></del>	
,			City		FL Zip Code
8. The above	named entity submits this statement for	or the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of Flori	J
		, , , , ,		•	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered Agent signature requ	ered when reinstating)	DATE
		FILE	IOW!!! FEE IS \$50.0	o	
	•	Make Check P	ayable to Department	of State	
9.	MANAGING MEMB	ERS/MEMBERS	10.	ADDITIONS/C	 HANGES
TITLE MGRM DESCRIPTION OF DATING PRINCE PRIN		TITLE		Change Addition	
MARIE MERISTAR HOSPITALITY OPERATING PTNRSHI STREET ADDRESS 1010 WISCONSIN AVENUE, N.W.			NAME STREET ADDRESS		
CITY-ST-JIP	WASHINGTON DC 20007	<u></u>	CITY-8T-XIP		
TITLE Name		Ociety	TITLE NAME		Change Addition
STREET ADDRESS			STREET ADDRESS	2000031 -01/27	L121823 ′0001009017
CITY- \$T-ZIP		Desierte:	CITY-8T-ZIP		0.00 <del>  ***</del> **50 00
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NAME OVERTE CORRECT			MAME \$TREET ADDRESS		•
STREET ADDRESS CITY-81-ZIP	,		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-8T-ZIP		
TITLE 💃		C Deleta	TITLE NAME		Change Addition
STREET ADDRESS			STREET ADDRESS		
CITY- BT- ZIP	and if About the last and the l	Abia filina dan 116 . 4	CITY- 81- ZIP	Section 110 07/2\/i\ Florida Statuta - 14	uthor partify that the information
indicated	certify that the information supplied with on this report is true and accurate and	triis riing does not qualify t Ithat my signature shall hav	e the same legal effect as i	Section 119.07(3)(i), Florida Statutes. I fi if made under oath; that I am a managin	g member or manager of the

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

110100

202-965-4455