2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 30, 2004
Secretary of State

DOCUMENT# M98000001129

Entity Name: MERISTAR SUB 5Q, LLC

Current Principal Place of Business:

1010 WISCONSIN AVENUE, N.W.
WASHINGTON, DC 20007

New Principal Place of Business:

4501 N. FAIRFAX DRIVE
500
ARLINGTON, VA 22203

Current Mailing Address:

1010 WISCONSIN AVENUE, N.W.
WASHINGTON, DC 20007

New Mailing Address:

4501 N. FAIRFAX DRIVE
500
ARLINGTON, VA 22203

FEI Number: 65-0873007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: MERISTAR HOSPITALITY, OPERATING PTN R SHP, LP
Address: 1010 WISCONSIN AVENUE, N.W.
City-St-Zip: WASHINGTON, DC 20007

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MERISTAR HOSPITALITY, OPERATING PTN R SHP, LP
Address: 4501 N. FAIRFAX DRIVE, SUITE 500
City-St-Zip: ARLINGTON, VA 22203

I hereby certify that the information supplied with this filing does not qualify for the 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 that my electronic 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.

SIGNATURE: JEROME J. KRAISINGER VP 11/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date