

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001250

FILED
Apr 16, 2004
Secretary of State

Entity Name: LODGING OG L.L.C.

Current Principal Place of Business:

410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

New Principal Place of Business:

Current Mailing Address:

410 SEVERN AVENUE, SUITE 314
ANNAPOLIS, MD 21403

New Mailing Address:

FEI Number: 52-2129812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: LODGING OPPORTUNITIE, S FUND, L.P.
Address: 410 SEVERN AVENUE, SUITE 314
City-St-Zip: ANNAPOLIS, MD 21403

Title: MGR () Delete
Name: LOG CORPORATION,
Address: 410 SEVERN AVENUE, SUITE 314
City-St-Zip: ANNAPOLIS, MD 21403

Title: MGR () Delete
Name: LOGING OM L.L.C.,
Address: 410 SEVERN AVE., STE 314
City-St-Zip: ANNAPOLIS, MD 21403

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID J. WEYMER

VP

04/16/2004

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