

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001270

FILED  
Apr 16, 2004  
Secretary of State

**Entity Name:** LODGING OM 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:** 52-2129813

**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: LODGING OM CORPORATI, ON  
Address: 410 SEVERN AVENUE, SUITE 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:

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

V

04/16/2004

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