

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0069994

DOCUMENT # M98000001270

1. Entity Name  
LODGING OM L.L.C.



FILED

03 APR -7 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
410 SEVERN AVENUE, SUITE 314  
ANNAPOLIS MD 21403

Mailing Address  
410 SEVERN AVENUE, SUITE 314  
ANNAPOLIS MD 21403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2129813

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME  
MGR  
LODGING OPPORTUNITIES FUND, L.P.  
410 SEVERN AVENUE, SUITE 314  
ANNAPOLIS MD 21403 ☐ Delete

TITLE NAME  
300015442013  
04/07/03--01091--001 \*\*50.00 ☐ Change ☐ Addition

TITLE NAME  
MGR  
LODGING OM CORPORATION  
410 SEVERN AVENUE, SUITE 314  
ANNAPOLIS MD 21403 ☐ Delete

TITLE NAME  
☐ Change ☐ Addition

TITLE NAME  
☐ Delete

TITLE NAME  
☐ Change ☐ Addition

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☐ Delete

TITLE NAME  
☐ Change ☐ Addition

11. I 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 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.

SIGNATURE: *David Weymer* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
LODGING OM CORPORATION, MGR  
DATE: 3/19/2003  
DAYTIME PHONE #: 410-268-0515

CR2E083 (10/02)