


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90119 022 \*\*\*550.00

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<b>DOCUMENT # P00000068265</b>					
1. Entity Name <b>INNKEEPERS HOSPITALITY MANAGEMENT, INC.</b>					
Principal Place of Business <b>302 ROYAL POINCIANA WAY PALM BEACH, FL 33480</b>			Mailing Address <b>302 ROYAL POINCIANA WAY PALM BEACH, FL 33480</b>		
2. Principal Place of Business <b>306 Royal Poinciana Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>50 Coconut Row</b> Suite, Apt. #, etc. <b>Suite 200</b>		06232004 Chg-P CR2E034 (10/03)	
City & State <b>Palm Beach, FL</b>		City & State <b>Palm Beach, FL</b>		4. FEI Number <b>65-1027254</b> Applied For Not Applicable	
Zip <b>33480</b>	Country <b>USA</b>	Zip <b>33480</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FISHER, JEFFREY H 302 ROYAL POINCIANA WAY PALM BEACH, FL 33480</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>306 Royal Poinciana Way</b> City <b>FL</b> 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)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, JEFFREY 302 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>306 Royal Poinciana Way</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, RANDALL 302 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>VP Timothy Walker 306 Royal Poinciana Way Palm Beach, FL 33480</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POLLAK, ROGER 302 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>306 Royal Poinciana Way</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COHEN, PHILIP 302 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>50 Coconut Row, Suite 200</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Roger Pollak</b>		Date: <b>7-2-04</b> Daytime Phone #: <b>561-655-9001</b>			