



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90020 014 ***150.00

DOCUMENT # P00000068265 1. Entity Name INNKEEPERS HOSPITALITY MANAGEMENT, INC.					
Principal Place of Business 306 ROYAL POINCIANA WY PALM BEACH, FL 33480 US			Mailing Address 50 COCOANUT ROW SUITE 200 PALM BEACH, FL 33480 US		
2. Principal Place of Business 340 Royal Poinciana Way Suite, Apt. #, etc. Suite 200		3. Mailing Address 50 Coconut Row Suite, Apt. #, etc. Suite 200			
City & State Palm Beach, FL		City & State Palm Beach, FL		01272006 Chg-P CR2E034 (11/05)	
Zip 33480		Country USA		4. FEI Number 65-1027254	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FISHER, JEFFREY H 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way 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 \$150.00 After May 1, 2006 Fee will be \$550.00			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 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, TIMOTHY 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POLLAK, ROGER 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COHEN, PHILIP 50 COCOANUT ROW, SUITE 200 PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Roger Pollak SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 1/27/06			Daytime Phone # (561) 555-9000		