


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90012 021 \*\*\*550.00

<b>DOCUMENT # P00000068269</b> 1. Entity Name <b>INNKEEPERS FLORIDA 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> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>50 Coconut Row</b> <small>Suite, Apt. #, etc.</small> <b>Suite 200</b>			
<small>City &amp; State</small> <b>Palm Beach FL</b>		<small>City &amp; State</small> <b>Palm Beach, FL</b>			
<small>Zip</small> <b>33480</b>	<small>Country</small> <b>USA</b>	<small>Zip</small> <b>33480</b>	<small>Country</small> <b>USA</b>	4. FEI Number <b>65-1027259</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
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 <small>Name</small> Street Address (P.O. Box Number is Not Acceptable) <b>306 Royal Poinciana Way</b> <small>City</small> <b>FL</b> <small>Zip Code</small>		
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 _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>D</b> <b>FISHER, JEFFREY</b> <b>302 ROYAL POINCIANA WAY</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>306 Royal Poinciana Way</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>ST</b> <b>POLLAK, ROGER</b> <b>302 ROYAL POINCIANA WAY</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>306 Royal Poinciana Way</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>AS</b> <b>COHEN, PHILIP</b> <b>302 ROYAL POINCIANA WAY</b> <b>PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>50 Coconut Row, Suite 200</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>PRES</b> <b>WEBB, RANDALL</b> <b>302 ROYAL POINCIANA WAY</b> <b>PALM BEACH, FL 33480</b>	<input checked="" type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>VP</b> <b>Timothy Walker</b> <b>306 Royal Poinciana Way</b> <b>Palm Beach, FL 33480</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<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 life empowered.					
<b>SIGNATURE:</b> <u>Roger Pollak</u> <b>Roger Pollak</b> <b>7-14-04</b> <b>561-655-9001</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

**54062929**



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