

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000068269

1. Entity Name  
INNKEEPERS FLORIDA MANAGEMENT, INC.



Principal Place of Business  
306 ROYAL POINCIANA WAY  
PALM BEACH, FL 33480

Mailing Address  
306 ROYAL POINCIANA WAY  
PALM BEACH, FL 33480



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1027259

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FISHER, JEFFREY H  
306 ROYAL POINCIANA WAY  
PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME FISHER, JEFFREY  
STREET ADDRESS 306 ROYAL POINCIANA WAY  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ST  
NAME POLLAK, ROGER  
STREET ADDRESS 306 ROYAL POINCIANA WAY  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE AS  
NAME COHEN, PHILIP  
STREET ADDRESS 50 COCONUT ROW STE 200  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE V  
NAME WALKER, TIMOTHY  
STREET ADDRESS 306 ROYAL POINCIANA WAY  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000180876  
01/14/05-80025-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Roger A Pollak* Roger A Pollak 1-12-05 5616559001