2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068269

WALKER, TIMOTHY

306 ROYAL POINCIANA WAY

PALM BEACH, FL 33480

Name:

Address:

City-St-Zip:

Entity Name: INNKEEPERS FLORIDA MANAGEMENT, INC.

FILED Jun 27, 2007 Secretary of State

	rincipal Plac	e of Business:	New Principal Plac	e of Business:	
	AL POINCIANA ACH, FL 3348				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	AL POINCIANA ACH, FL 3348				
FEI Number	: 65-1027259	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
306 ROYA PALM BEA	JEFFREY H AL POINCIANA ACH, FL 3348 e named entity e of Florida.	30 US	ne purpose of changing its register	red office or registered agent, or both,	
SIGNATU					
		nic Signature of Registered	Agent	Date	
		93(2)(b), F.S., the corporation di	d not receive the prior notice.		
OFFICERS AND DIRECTORS:					
OFFICER	S AND DIREC	ng Trust Fund Contribution(). CTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTOR	
OFFICER Title: Name: Address: City-St-Zip:	D (FISHER, JEFF	CTORS:) Delete FREY OINCIANA WAY	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR () Change () Addition	
Title: Name: Address:	D (FISHER, JEFF 306 ROYAL P PALM BEACH ST (POLLAK, ROG	Delete FREY OINCIANA WAY FL 33480 Delete BER OINCIANA WAY	Title: Name: Address:		
Title: Name: Address: City-St-Zip: Title: Name: Address:	D (FISHER, JEFF 306 ROYAL PPALM BEACH ST (POLLAK, ROS 306 ROYAL PPALM BEACH AS (COHEN, PHILI	Delete FREY OINCIANA WAY FL 33480) Delete GER OINCIANA WAY FL 33480) Delete DIT ROW STE 200	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

WALKER, TIMOTHY

306 ROYAL POINCIANA WAY

PALM BEACH, FL 33480

SIGNATURE: ROGER POLLAK ST 06/27/2007