2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# P95000005600

Entity Name: SHS HOTEL INVESTMENTS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

712 U.S. HIGHWAY ONE
STE 400
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

712 U.S. HIGHWAY ONE
STE 400
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0554034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINBERGER, ROBERT M
712 U.S. HIGHWAY ONE
STE 400
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STERN, SI
Address: 820 WHITE ST
City-St-Zip: KEY WEST, FL

Title: VP ( ) Delete
Name: STERN, GARY
Address: 2304 NO. DIXIE HWY
City-St-Zip: BOCA RATON, FL

Title: T ( ) Delete
Name: SULLINS, STUART
Address: 907 CENTER ST.
City-St-Zip: KEY WEST, FL

Title: S (X) Delete
Name: STERN, REBECCA
Address: 820 WHITE ST
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: STERN, SI
Address: 820 WHITE ST
City-St-Zip: KEY WEST, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SI STERN PSD 10/14/2009

Electronic Signature of Signing Officer or Director — Date