2000 UNIFORM BUSINESS REPORT (UBR)

Procepted Pace of Business 1000 MARKET STREET 1000 MARKET STREET BLOD 1 1000 MARKET STREET BLOD	1. Entity Nam	MENT # P960000 H INNKEEPERS, INC.	01549					r 27, 20 cretary	00 8		
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US 2. **Principal Place of Business** Suite. Apt. #. etc. City & State City & Stat						- {					
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Zip Country Zip Country 5. Certificate of Satus Desired Status	Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRITE	IN THIS SP	ACE	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 1200 SOUTH PINE ISLAND ROAD TALLAHASSEE FL 33324 Street Address (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent and line is authorized by the statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent and line is authorized by the statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent and line is authorized by the statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent and line is authorized by the statement of the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent, or both, in the State of Florida. SIGNATURE Spains, sped or prison one or registered agent, or b	City & State		City & State		4, F	El Number	59-1951830				
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1200 SOUTH FINE ISLAND ROAD TALLAHASSEE FL 33324 City FL Zip Code					vame						
8. The above named entity submits this estatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Initiangible Tax filling requirement and elects to do so. (See ortifice) on back) FILE NOW!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL OFFICERS AND DIRECTORS IN 11 TILL OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILL	1200	SOUTH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE Signature, howed or printed name of registered agent for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, howed or printed name of registered agent along after signature required where remaining) P. This corporation is eligible to satisfy its Intensigible (See circle) P. This corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible to satisfy its Intensigible (See circle) P. The Corporation is eligible t	TALL	AHASSEE FL 33324		}							
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Tax filing requirement and elects to do so. (See crition or back) Comparison C	SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTÉ: F	Registered Ag	ant signature requ		instating)		DATE		
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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 11 or Block 12 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