## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P98000026081 07-06-2004 90119 021 \*\*\*550.00 INNKEEPERS HOSPITALITY FLORIDA, INC. Principal Place of Business Mailing Address 441147271 340 ROYAL POINANCIANA WAY 340 ROYAL POINANCIANA WAY 302 302 PALM BEACH, FL 33480 PALM BEACH, FL 33480 Mailing Address 2. Principal Place of Business 306 Royal Poinciana Wo CR2E034 (10/03) 06232004 Chg-P City & State 4. FEI Number Applied For \digamma╙ Not Applicable 65-0826461 \$8.75 Additional 5. Certificate of Status Desired usa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FISHER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 302 ROYAL POINCIANA WAY PALM BEACH, FL 33480 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change Change TITLE ☐ Delete TITLE COHEN, PHILIP NAME NAME 50 Locoannt Row, Suite 200 302 ROYAL POINCIANA WAY STREET ADDRESS STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE FISHER JEFFREY NAME NAME 206 Royal Poinciana Way 302 ROYAL POINCIANA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP TITLE ☐ Addition TITLE Delete POLLAK, ROGER NAME 206 Royal Poinciana Way STREET ADDRESS 302 ROYAL POINCIANA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH, FL 33480 Delete TITLE WEBB, ZANDALL NAME NAME 302 ROYAL RINVARA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

7-2-04

changed, or on an attachr

SIGNATURE:

FILED Jul 06, 2004 8:00 am