

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90002 039 ***150.00

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| DOCUMENT # P98000026081 | |
| 1. Entity Name INNKEEPERS HOSPITALITY FLORIDA, INC. | |



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| Principal Place of Business 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480 | Mailing Address 50 COCOANUT ROW SUITE 200 PALM BEACH, FL 33480 |
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| 2. Principal Place of Business 340 Royal Poinciana Way Suite, Apt. #, etc. Suite 300 City & State Palm Beach, FL Zip 33480 Country USA | 3. Mailing Address 50 Coconut Row Suite, Apt. #, etc. Suite 200 City & State Palm Beach, FL Zip 33480 Country USA |
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01272006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0826461 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent FISHER, JEFFREY 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480 | 7. Name and Address of New Registered Agent Name Fisher, Jeffrey Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way Palm Beach City FL Zip Code 33480 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS COHEN, PHILIP 50 COCOANUT ROW, SUITE 200 PALM BEACH, FL 33480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FISHER, JEFFREY 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 340 Royal Poinciana Way |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST POLLAK, ROGER 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 Coconut Row, Suite 200 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WALKER, TIMOTHY 306 ROYAL POINCIANA WAY PALM BEACH, FL 33480 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50 Coconut Row, Suite 200 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Roger Pollak 1/27/06 (561) 655-9001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #