2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035600

Entity Name: BOCA RATON WEST HOSPITALITY CORP.

FILED Mar 12, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7501 WINSCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814			7501 WINSCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814 US			
Current Mailing Address:				New Mailing Address:		
7501 WINSCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814				7501 WINSCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814 US		
FEI Number:	: 52-2096106	FEI Number Applied For ()	FEI Nur	nber Not Appl	licable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address of New Registered Agent:	
1200 SOU PLANTATI The above in the State	e of Florida.	ND ROAD US	irpose o	of changing it	its registered office or registered agent, or both,	
SIGNATUR		ic Signature of Registered Agen	n+		 Date	
Election Car		Trust Fund Contribution ().	IL		Date	
		•				
OFFICERS	S AND DIREC	rors:		ADDITION	NS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	SAUL III, FRANC	ISIN AVESUITE 1500		Title: Name: Address: City-St-Zip:	P (X) Change () Addition SAUL III, FRANCIS B 7501 WINSCONSIN AVESUITE 1500 BETHESDA, MD 20814 US	
Title: Name: Address: City-St-Zip:	CARRIER, MAR	ISIN AVE SUITE 1500		Title: Name: Address: City-St-Zip:	V (X) Change () Addition CARRIER, MARK 7501 WINSCONSIN AVE SUITE 1500 BETHESDA, MD 20814 US	
Title: Name: Address: City-St-Zip:	HEASLEY, ROS	ISIN AVE SUITE 1500		Title: Name: Address: City-St-Zip:	V (X) Change () Addition HEASLEY, ROSS 7501 WINSCONSIN AVE SUITE 1500 BETHESDA, MD 20814 US	
Title: Name: Address: City-St-Zip:	SHOOP, KENNE	ISIN AVE SUITE 1500		Title: Name: Address: City-St-Zip:	T (X) Change () Addition SHOOP, KENNETH D 7501 WINSCONSIN AVE SUITE 1500 BETHESDA, MD 20814 US	
Title: Name: Address: City-St-Zip:	SUSTERSICH, N	ISIN AVESUITE 1500		Title: Name: Address: City-St-Zip:	S (X) Change () Addition SUSTERSICH, MERLE 7501 WINSCONSIN AVESUITE 1500 BETHESDA, MD 20814 US	
Title: Name:	VP () CONNORS, PAT	Delete RICK		Title: Name:	V (X) Change () Addition CONNORS. PATRICK	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: ROSS HEASLEY V 03/12/2007

7501 WINSCONSIN AVE. -SUITE 1500

BETHESDA, MD 20814

Address:

City-St-Zip:

7501 WINSCONSIN AVE. -SUITE 1500

BETHESDA, MD 20814 US