2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059804

WALZ, PETER

JUPITER, FL 33477

1001 N US HIGHWAY 1 STE 800

Name:

Address:

City-St-Zip:

OCOMENT#1 99000039004

FILED Jan 19, 2004 Secretary of State

Entity Name: DRIFTWOOD HOSPITALITY I, INC. **Current Principal Place of Business: New Principal Place of Business:** 1001 N US HIGHWAY 1 SUITE 800 JUPITER, FL 33477 **New Mailing Address: Current Mailing Address:** 1001 N US HIGHWAY 1 SUITE 800 JUPITER, FL 33477 FEI Number: 65-0895439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEISSLER, ROBERT I 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BUDDEMEYER, DAVID Name: Name: 1001 N US HIGHWAY 1 STE 800 Address: Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: Title: DVS Title: () Delete () Change () Addition Name: DIAZ, CHARLES M Name: 1001 N US HIGHWAY 1 STE 800 Address: Address: JUPITER, FL 33477 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition HALE, PHIILIP Name: Name: 1001 N US HIGHWAY 1 STE 800 Address: Address: City-St-Zip: JUPITER, FL 33477 City-St-Zip: Title: () Delete Title: () Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: CHARLE DIAZ DVS 01/19/2004