1201 Hays Street
Tallahassee, FL 32301
800-342-8086

B95000001110

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 1:47

ACCOUNT NO. : 072100000032

REFERENCE : 560765 8630A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1837.50

ORDER DATE : March 15, 1995

ORDER TIME : 11:13 AM

ORDER NO. : 560765

S00001438055

CUSTOMER NO: 8630A

CUSTOMER:

Ge Investment Co.
Registered Agent Department
1013 Centre Road
Wilmington, DE 19805

FOREIGN FILINGS

NAME: COCONUT GROVE PT LIMITED PARTNERSHIP

3/22/95

XX PROFIT
____ NON-PROFIT

____ CORPORATE
XX LIMITED PARTNERSHIP

XX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol M. Hensal

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Coconut Grove PT Limited Partnership
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

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95 MAR 22 PM 1:47

3. Delaware
(State of Formation)

4. February 28, 1995
(Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

Corporation Service Company

(Agent must sign on this line)

Gail Shelby as its agent

8. 1013 Centre Road, Wilmington, DE 19805
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

a) Coconut Grove PT Hotel Corporation

F95000001256

SPECIFIC ADDRESS
c/o GE Investments
3003 Summer Street
P.O. Box 7900
Stamford, CT 06904

10. 3003 Summer Street, Stamford Sq., Stamford, CT 06904-7900
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 3003 Summer Street, Stamford Sq., Stamford, CT 06904-7900
(Mailing Address of Limited Partnership)

This _____ day of March, 19 95.

By: Coconut Grove PT Hotel Corporation,
a Delaware corporation, its general partner

By: _____
Michael J. Strone, Executive Vice President

STATE OF Connecticut

COUNTY OF Fairfield

THE FOREGOING instrument was acknowledged and sworn to before me this 13th day of March, 19 95, by Michael J. Strone, Exec VP (Name of General Partner) of Coconut Grove PT Hotel Corporation, general partner of Coconut Grove PT Limited Partnership (Name of Limited Partnership), A Delaware (State or Country) Limited Partnership, on behalf of the Limited Partnership.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 1:

LaVerne M. Burzynski
Notary Public
State of Connecticut at Large

(SEAL) My Commission Expires:

LaVERNE M. BURZYNSKI
NOTARY PUBLIC
MY COMMISSION EXPIRES JAN. 31, 1997

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Michael J. Strone, the Executive Vice President of Coconut Grove PT Hotel Corporation, a general partner of Coconut Grove PT Limited Partnership, a (an) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partner is $ 13,100,000.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 13,900,000.

This 17th day of March, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

Coconut Grove PT Hotel Corporation,
a Delaware corporation, its general partner

By: [signature]
Michael J. Strone
Executive Vice President/Secretary

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 1:47

STATE OF Connecticut
COUNTY OF Fairfield
DATE

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Michael J. Strone, officer of General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as officer of General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 17th day of March, 1995.

[signature]
Notary Public

Seal

State of ____________ at Large
My Commission Expires:

ELIZABETH J. STABILE
NOTARY PUBLIC
MY COMMISSION EXPIRES FEB. 28, 1996

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

(1)

LIMITED PARTNERSHIP ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE

B95000000110

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 28 PM 3:11

1. Name of Limited Partnership

1a. DOCUMENT # B95000000110

COCONUT GROVE PT LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

Mailing Address
STAMFORD SQUARE
~~3003 SUMMER STREET~~
STAMFORD CT ~~06904-7003~~

Principal Office Address
~~1013 CENTRE ROAD~~
~~WILMINGTON DE 19805~~

2. New Mailing Address, If Applicable

Suite Apt #, etc P.O. Box 120073

City, State & Zip Stamford, CT 06912-0073

2a. New Principal Office Address, If Applicable

Suite Apt #, etc 3003 Summer St.

City, State & Zip Stamford, CT 06905

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
03/22/1995		DE

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$13,900,000.00	$13,900,000.00	06-1419010	Applied For ☐ Not Applicable ☐ $8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a If 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Number(s))	11b. City, State & Zip Code	11c. Registration/ Document Number
COCONUT GROVE PT HOTEL CORPO	C/O 3003 SUMMER STREE	STAMFORD CT 06904	F95000001256

AR — 437.50
SURC — 138.75
576.25

$/C
11/28/95

CR2E003 (6/95)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Patrick F. Dwyer DATE 11/22/95

Typed or Printed Name of General Partner Signing Form Patrick F. Dwyer (V.P. of G.P.) Telephone Number (203)326-2300

0012215

1201 Hays Street
Tallahassee, FL 32301
904-222-9171

800-342-8086

(2)

B950000000110

CSC networks
PRENTICE HALL
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 748202 8020A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 575.00

ORDER DATE : November 27, 1995

ORDER TIME : 11:14 AM

ORDER NO. : 748202

200001647402

CUSTOMER NO: 8020A

CUSTOMER: Mr. Manuel Olivares
Co Investment Co.
Registered Agent Department
1013 Centre Road
Wilmington, DE 19805

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 28 PM 3:11

ANNUAL REPORT FILING

BK
11/28/95

NAME: COCONUT GROVE RT LIMITED
PART NERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS [illegible] FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF [illegible]

CONTACT PERSON: [illegible]

11/28/95

EXAMINER'S INITIALS: BK