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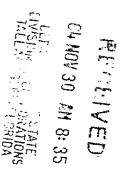
(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cr	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	DK.	





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ACCOUNT NO. : 072100000032

REFERENCE : 019201

7407185

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: November 29, 2004

ORDER TIME : 4:44 PM

ORDER NO. : 019201-025

CUSTOMER NO: 7407185

CUSTOMER: Sharon Mathis

Highland Hospitality

Suite 500

8405 Greensboro Drive

Mclean, VA 22102

FOREIGN FILINGS

NAME: HH LC PORTFOLIO LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire -- EXT# 2909

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN (COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN MIED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
4	HH LC Portfolio LLC
1	(Name of Foreign Limited Liability Company)
_	Delaware 3. TBD
	De Laware Jurisdiction under the law of which foreign limited liability ompany is organized) (FEI number, if applicable)
4.	November 233 2004 (Date of Organization) 5. December 31, 2099 (Duration: Year limited liability company will cease to exist or "perpetual")
6. ,	Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	8405 Greensboro Drive, Suite 500
-	McLean, VA 22102 (Street Address of Principal Office)
	(Suget Nations of timespat Office)
8.	If limited liability company is a manager-managed company, check here X
9,	The name and usual business addresses of the managing members or managers are as follows:
	James L. Francis 8405 Greensboro Drive, Suite 500, McLean, VA 22102
	Douglas W, Vicari 8405 Greensboro Drive, Suite 500, McLean, VA 22102
	Tracy M.J. Colden 8405 Greensboro Drive, Suite 500, McLean, VA 22102
thej	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida: <u>To acquire, develop,</u> own, hold, sell, lease, transfer, exchange, manage, finance, operate and otherwise deal with real property.
-	Signature of a member or an authorized representative of a member. (In accordance with section 608,408(3), P.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Tracy M.J. Colden
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

HH LC Po	ortfolio LLC	
2. The name	and the Florida street address of the registered agent and office are:	
	Corporation Service Company	
	(Name)	
	1201 Hays Street	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Tallahassee FL 32301	
	City/State/Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HH LC PORTFOLIO LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF NOVEMBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HH LC PORTFOLIO LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2004.



Warriet Smith Windson

AUTHENTICATION: 3504189

DATE: 11-29-04

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