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(Business Entity Name) (Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: FelCor St. Pete (SPE), L.L.C.				
(Name of Limited Liability Company)				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please return all correspondence concerning this matter to the following:				
Elizabeth Cowart	<u> </u>			
(Name of Person)				
Akin Gump Strauss Hauer & Feld LLP				
(Firm/Company)				
1700 Pacific Avenue, Suite 4100				
	(Address)			
Dallas, Texas 75201				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Elizabeth Cowart	_at (214) 969-2791			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2} \. \text{100.00 Filing Fee} \Bigsim \frac{1}{2} \. \text{100.00 Filing Fee} \& \bigsim \frac{1}{2} \. \text{160.00 Filing Fee} \& \bigsim \frac{1}{2} \. \text{160.00 Filing Fee}, Certificate of Status & Certified Copy} \$\text{Certificate of Status} \text{Certified Copy} \text{of Status & Certified Copy}				

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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FelCor St. Pete (SPE), L.L.C.		
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," o	r "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")		
₂ Delaware	26-1438830	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
	Perpetual	
(Date of Organization)	(Duration: Year limited liability company exist or "perpetual")	y will cease to
6. N/A	,	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S.	ida, if prior to registration.) to determine penalty liability)	
7. 545 E. John Carpenter Freeway, Suite	e 1300	
Irving, Texas 75062		
	f Principal Office)	
8. If limited liability company is a manager-managed of	company, check here	
9. The name and usual business addresses of the mana	ging members or managers are as fol	lows:
Richard Smith, 545 E. John Carpente	r Frwy #1300, Irving, TX 75	5062
Jonathan Yellen, 545 E. John Carpen	ter Frwy #1300, Irving, TX	75062
Andrew Welch, 545 E. John Carpente	r Frwy #1300, Irving, TX 7	5062
10. Attached is an original certificate of existence, no more than 90 de the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under eath of the translator must be subm	is not acceptable. If the certificate is in a foreign	
11. Nature of business or purposes to be conducted or	promoted in Florida: Hotel owner	ership and
activities related thereto.		·
llex /	mit skas	
(In accordance with section 608.408(3), F.S an affirmation under the penalties of perjui		2007 DEC SECRET
- ALLISON	JAVITSKAS	ARC DEC
Typed or printed	name of signee	TARY ASSI

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.

1. The name of the Limited Liability Comp	any is:	
FelCor St. Pete (SPE), L.L.C.		
If name unavailable, the alternate name to be	e used in the state	of Florida is:
2. The name and the Florida street address of	of the registered a	gent and office are:
CT Corporation Sys	tem	
	(Name)	
1200 South Pine Isla		
Florida Street Add	ress (P.O. Box <u>NOT</u>	ACCEPTABLE)
Plantation	FL	33324
	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.

Maria Ozaeta

(Signature)

Maria Ozaeta

Vice President

\$ 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 "FELCOR ST. PETE (SPE), L.L.C." 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 NINETEENTH DAY OF NOVEMBER, A.D. 2007.

071238300

You may verify this certificate online at corp.delaware.gov/authver.shtml

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6173877

DATE: 11-19-07