A08000001485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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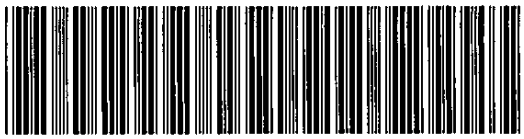

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B. KOHR

JAN 28 2008

EXAMINER

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 413912 7628966

AUTHORIZATION :

COST LIMIT : $ 35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 23, 2008

ORDER TIME : 9:20 AM

ORDER NO. : 413912-155

CUSTOMER NO: 7628966

CHANGE OF AGENT

NAME: WESTON HOTEL INVESTORS I,
LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Kathy Drake -- EXT# 2959

EXAMINER: _____

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. WESTON HOTEL INVESTORS I, LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/28/2000
Date of filing/registration in Florida

3. A00000001485
Florida document number

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4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System
Name

1200 South Pine Island Road
Address

Tallahassee, FL 33324
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Signature of General Partner

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 relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

Corporation Service Company
By:
Signature of Registered Agent Sylvia Queppet, Asst. VP

Filing Fee: $35.00
Certified Copy (optional): $52.50