

21001 Page 1 of 1

Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000268095 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

LINDA A. SCARCELLI

Account Name

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone

: (407)650-1000

Fax Number

: (407)540-2699

DISS/TERM/CANCEL/REV OF LP/LLP CONVENTION HOTEL INVESTORS, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$105.00

Electronic Filing Menu

Corporate Filing Menu

B. BOSTICK Help

DEC 1 5 2010

EXAMINER

H10000 268095-3

CERTIFICATE OF DISSOLUTION FOR

Convention Hotel Investors, Ltd.					
(Name of Florida Limited 1	Partnership or Lit	nited Liability Limited Partne	aship)		
Pursuant to the provisions of section partnership or limited liability limited					
Florida Department of State on Se		1 · · ·	med Florida		
document number A27017		reby submits this Certific			
Dissolution.			- 		
FIRST: Reason for dissolution: (State why pare	mership is submitting di	ssolution)		
Partnership liquidated assets			_		
			TA _s	-	
		······································		-	
	_		230		
			ASE		4.00.FESH
			\sim	*****	i de la companya de l
			iri _{ss}	220	
SECOND: A Notice of Diss		ched.	HS	\equiv	The state of the s
(Check box if attr	ached.)		SE SE	# 10: t	
TOTAL TICK AND IS ALL IN THE STATE OF THE ST	and Un	on filing	<u> </u>	-	
THIRD: Effective date, if other than the	date of filing:			- ·	
(Effective date cannot be prior to nor mor Department of State.)	e than 90 days aj	fier the date this document is	filed by the Flor	rida	
Signatures of each general partner s. 620.1803(3) or (4), F.S.:	or the person a	appointed pursuant to			
	_	CNI. HOTEL PROPER	ries, inc.,	. Gem	sral Partner
		1/4/			
		Robert A. Box	irne, Presi	 ident	
	<u> </u>	,		 _	
Filing Fee:	\$52.50				
Certified Copy (optional):	\$52.50				
Certificate of Status (optional):	\$8.75				