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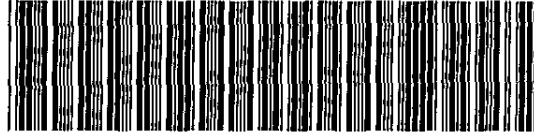
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 182941 6258A

AUTHORIZATION : *Patricia Pajaro*

COST LIMIT : \$ 33.75

05 FEB -3 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : February 3, 2005

ORDER TIME : 12:0 PM

ORDER NO. : 182941-010

CUSTOMER NO: 6258A

CUSTOMER: Ms. Sarah Castro  
Bond Schoeneck & King, P.a.

Suite 250  
4001 Tamiami Trail North  
Naples, FL 34103

DOMESTIC FILING

NAME: FAC HOTEL LIMITED PARTNERSHIP,  
L.L.L.P.

\*\*\*\*\*FILE 2ND\*\*\*\*\*

EFFECTIVE DATE:

XX STATEMENT OF QUALIFICATION FOR FLORIDA  
LIMITED LIABILITY LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

**STATEMENT OF QUALIFICATION FOR  
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:  
FAC Hotel Limited Partnership

Insert limited partnership's Florida document number: \_\_\_\_\_

or

Attach Certificate of Limited Partnership, Affidavit of Capital Contributions and applicable limited partnership filing fees.

2. The complete name of the entity after filing Statement of Qualification shall be:

FAC Hotel Limited Partnership, L.L.L.P.

(Must include LLLP or L.L.L.P.)

3. The street address of its chief executive office: 117 Kearney Lake Road, Suite 11

(if different from current recorded address):

Halifax, Nova Scotia, Canada B3M 4N9

4. The street address of principal office in Florida: 117 Kearney Lake Road, Suite 11

(if different from above)

Halifax, Nova Scotia, Canada B3M 4N9

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:

X as of the date this document is filed with the Florida Secretary of State

or

\_\_\_\_\_ a date later than the time of filing: \_\_\_\_\_

7. The name and Florida street address of the partnership's agent for service of process:

Peter J. Iacono



4001 Tamiami Trail North, Suite 250

Naples, Florida 34103

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 2nd day of February, 2005.

Signature of TWO Partners:

1.   
2. 

Typed or printed names of partners signing above:

1. Glenn Squires, President of FAC Hotel Management Inc.,  
General Partner of FAC Hotel Limited Partnership, L.L.L.P.  
2. Glenn Squires, President of PHS US Investment Inc., a  
Limited Partner of FAC Hotel Limited Partnership, L.L.L.P.

Filing Fee: \$25.00

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

FILED  
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