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: (850)205-0383 Fax Number

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : 1200000000195 Phone : (850)521-1000

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LIMITED PARTNERSHIP AMENDMENT

BROCK (DRV HOTEL) PARTNERS, LIMITED PARTNERSHIP

Certificate of Status	0
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Page Count	02
Estimated Charge	~ \$62.50 ~

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STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

 The name of the limited partnership as identified NEW BROCK (DRV HOTEL) PARTNERS, LIMITED 	ed in the records of the Florida Department of State:
Insert limited partnership's Florida document num	ber: <u>805000001145</u>
or <u>Attach</u> Certificate of Limited Partnership, Affidav partnership filing fees.	it of Capital Contributions and applicable limited
2. The complete name of the entity after filing Str	atement of Qualification shall be:
NEW BROCK (DRV HOTEL) PARTNERS, LLLP (Must include	LLLP or L.L.P.)
3. The street address of its chief executive office:	: 1500 Forum Place
(if different from current recorded address):	Suite 100
	West Palm Beach, FL 33401
 The street address of principal office in Florida (if different from above) 	a: Fe & T
5. The limited partnership hereby elects to be a li	mited liability limited partnership.
 The effective date of this filing shall be: x as of the date this document is file 	d with the Florida Secretary of State
a date later than the time of filing:	
7. The name and Florida street address of the par Peter Brock	mership's agent for service of process:
1551 Forum Place, Suite 100	
West Palm Beach	Florida 33401
The execution of this statement as a partner constitute that the facts stated herein are true.	ltutes an affirmation under the penalties of perjury
Signed this 7 day of Tyne	, 2005
Signature of TWO Partners:	
Typed or printed names of partners signing above:	: Peter Brock
	Andrew Brock
Filing F	Fee: \$25.00

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