

A23140

Sacksonville Hotel Investors Ltd.
Requestor's Name

2115 Hextford Road
Address

Charlotte NC 28211
City/State/Zip Phone #

000002120610--7

-03/21/97--01079--001

*****52.50 *****52.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Sacksonville Hotel Investors, Ltd.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 APR -7 AM 9:08

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Name Availability	<u>RE</u>
Document Examiner	<u>RE</u>
Updater	<u>RE</u>
Updater Verifier	<u>RE</u>
Acknowledgement	<u>RE</u>
W. P. Verifier	<u>RE</u>



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 26, 1997

JACKSONVILLE HOTEL INVESTORS, LTD.
2115 REXFORD ROAD
CHARLOTTE, NC 28211

SUBJECT: JACKSONVILLE HOTEL INVESTORS, LTD.
Ref. Number: W97000006975

We have received your document for JACKSONVILLE HOTEL INVESTORS, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must include the date of filing of its original certificate of limited partnership. Our records reflect the original certificate was filed on August 28, 1986. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6051.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CERTIFICATE OF CANCELLATION
FOR**

Jacksonville Hotel Investors, LTD.

(insert name currently on file with Florida Dept. of State)

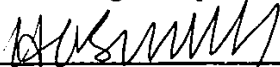
Pursuant to the provisions of section 620.113, Florida Statutes, this Florida limited partnership,
whose certificate was filed with the Florida Department of State on 8/28/86,
hereby submits this certificate of cancellation.

FIRST: Reason for cancellation: (State why partnership is submitting cancellation)

Partnership interest was transferred to new owners (Jacksonville
Hospitality Group, Inc.) on May 15, 1996.

SECOND: This certificate of cancellation shall be effective at the time of its filing with the
Florida Department of State.

THIRD: Signatures of all general partners:



H.C. Bissell



John W. Harris

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