Division of Corporations

A95000000289

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)922-4003

From: Andy Dunham
Account Name : GREENBERG TRAURIG (WEST PALM BEACH) AL
Account Number : 075201001473
Phone : (561)650-7900
Fax Number : (561)655-6222

LIMITED PARTNERSHIP REINSTATEMENT

STIRLING HOTEL ASSOCIATES, LTD.

RECEIVED
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TALLAHASSEE, FLORIDA

Certificate of Status	1
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB 26 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000289

1. Name of Limited Partnership
STIRLING HOTEL ASSOCIATES, LTD.

2. Principal Office Address
77 N Hibiscus Dr
Suite, Apt. #, etc
1
City & State
Miami Beach
Zip FL Country USA

3. Mailing Office Address
Suite, Apt. #, etc
City & State
Zip 33139 Country

4. Date Formed or Registered To Do Business in Florida

5. FEI Number
65-0597683
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7a. Capital Contributions as shown on Record
$ 1,877,275.00

7b. Amount of Capital Contributions in FLORIDA to date.

8. Name and Address of Current Registered Agent
Name
Lola Thomas
Street Address (P.O. Box Number is Not Acceptable)
77 N. Hibiscus Drive
Suite, Apt. #, Etc
City Miami Beach State FL Zip Code 33139

FEES:
1) Filing Fee(s). Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office
2) Supplemental Fee(s) $88.75 for each year due this office, beginning with 1982 calendar year
3) Penalty Fee(s) $500 penalty fee for each year late or delinquent
Note: If the amount entered in 7a is greater than amount entered in 7b, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Pursuant to the provisions of sections 620.1901 and 620.1902 Florida Statutes, the above named limited partnership organized in a jurisdiction outside the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.1902 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use P.O. Box Number)	City State and Zip Code	10a. Registration Document Number
STIRLING HOSPITALITY INC	77 N Hibiscus Dr Miami Beach FL		P94000024935

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. The undersigned certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with section 119.07(3)(i) in the event that any information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership, foreign or domestic, authorized to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE Lola Thomas DATE 02/25/01

Typed or Printed Name of General Partner Signing Form Lola Thomas, Director Telephone Number 305 538-6710

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