

Document Number Only

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CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

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-06/20/00--01037--008

***1785.00 ***1785.00

CORPORATION(S) NAME

McKibbin Hotel Group of Tampa-Westshore, Florida, L.P.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Change of RA
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> CUS
<input type="checkbox"/> Photocopies	<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

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DIVISION OF CORPORATIONS
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Name 06/20/00

Availability

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Acknowledgement

W.P. Verifier

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

00 JUN 20 AM 10:08

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Florida Department of State, Sandra B. Mortham, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. McKibbon Hotel Group of Tampa-Westshore, Florida, L.P.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Georgia 4. June 9, 2000
(State of Formation) (Date of Formation)

5. C T Corporation System
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

C T Corporation System

Dale W. Morris

(Agent must sign on this line)

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

8.

800 Jesse Jewell Parkway, S.W., Gainesville, GA 30501
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

800 Jesse Jewell Parkway, S.W.

McKibbon Hotel Group, Inc.

Gainesville, GA 30501

F93000004385

10. 800 Jesse Jewell Parkway, S.W., Gainesville, GA 30501
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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12. P. O. Box 1018, Gainesville, GA 30503

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 15th day of June, 2000

MCKIBBON HOTEL GROUP, INC.

By:

David J. Hughs - President
General Partner

David J. Hughs, President

STATE OF GEORGIA

COUNTY OF HALL

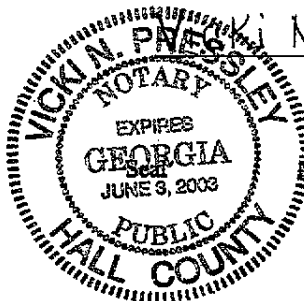
On this 15th day of June, 2000

DAVID J. HUGHS personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of

Vicki N. Pressley
(Notary Public Signature)



Vicki N. Pressley
(Notary's Printed Name)

My Commission Expires: 6/3/03

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared David J. Hughs, the President of the
Westshore, Florida, L.P.
 a general partner of McKibbon Hotel Group of Tampa-, a (an) Georgia
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 435,750.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 435,750.00

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 15th day of June, 19 2000.

MCKIBBON HOTEL GROUP, INC.

By: [Signature] - President
General Partner

David J. Hughs, President

STATE OF GEORGIA

COUNTY OF HALL

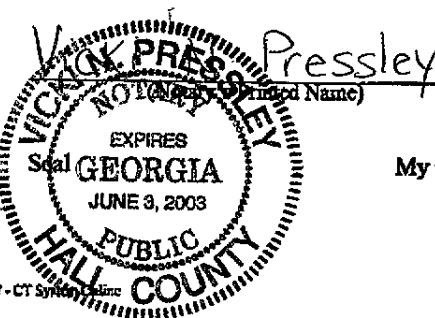
On this 15th day of June, 19 2000.

David J. Hughs, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Vicki N. Pressley
 (Notary Public Signature)



My Commission Expires: 6/3/03

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