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(((H070001003623)))



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Account Number : I20000000195 Phone

: (850)521-1000

Fax Number

: (850)558-1575

Please give original submission date as file date.

P. 1/5

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION

CNL LLB SHS MANAGEMENT, LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$52.50

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AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

I. The name of the limited partne appears on the records of the Flori	ership or limited liability limited partnership as it idea Department of State is:
CNL LLB SHS Management, LP	
2. The jurisdiction of its formation	n is:_ Delaware
3. The date the entity was authori	ized to transact business in Florida is: 12/18/00
4. If the amendment changes the limited partnership, enter the new Ashford LLB SHS Management, LP	name of the limited parmership or limited liability name:
Acceptable Limited Parmership suffixes: Acceptable Limited Liability Limited Par or LLLP	Limited Partnership, Limited, L.P., LP, or Ltd. thership suffixes: Limited Liability Limited Partnership, L.L.L.P.
each general partner:	general parmer(s), list the name and business address o
Name:	Business Address:
Ashford Sapphire V GP LLC	14185 Dallas Parkway, Suite 1100
	Dallas, Texas 75254
•	

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207000100362 3

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:							
	f the amendment corrects any falsement being corrected and the cor		ed in the a	pplication, ind	icate the		
							
_							
	f the amendment is to add or deler nership statement, check the appro		be a limit	ed liability lin	uited ·		
	The entity elects to be	a limited liabili	ty limited)	partnership.	,		
	The entity is no longer		•				
afore	Attached is an original certificate, ementioned amendment(s), duly a rds in the jurisdiction under the la	uthenticated by	the official contity is o	d having custo			
(Effec	Effective date, if other than the decrive date cannot be prior to nor more the priment of State.)	ate of filing:		ocument is filed l	by the Florida		
				÷ +, '			
Signa	nature of a general partner:						
	Chart of Con						
Турс	ed or printed name:						
David	d Brooks, Manager of the general partne	т					
Certi	tified Copy (optional):	\$52.50 \$52.50					

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CNL LLB SHS MANAGEMENT, LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "ASHFORD LLB SHS MANAGEMENT, LP", THE TWELFTH DAY OF APRIL, A.D. 2007, AT 5:07 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CNL LLB SHS MANAGEMENT, LP" WAS FORMED ON THE SECOND DAY OF SEPTEMBER, A.D.

AND I DO HERBY FURTHER CERTIFY THAT THE AFORESAID LIMITED PARTNERSHIP IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

SECRETARY OF STATE STATE SECRETARY OF CORPORATIONS



2940524 8320

070448712

Warret Smith Mindsor, Secretary of State

AUTHENTICATION: 5603797

DATE: 04-18-07