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EXAMINER



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EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 399261 4370110

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 13, 2008

ORDER TIME : 2:29 PM

ORDER NO. : 399261-520

CUSTOMER NO: 4370110

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: HMA HOTEL PARTNERS, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: \_\_\_\_\_

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HMA HOTEL PARTNERS, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/30/2001

Date of filing/registration in Florida

3. B07000000299

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Stephanie J. Thomas

Name

420 S. Orange Avenue, Suite 700

Address

Orlando, FL 32801

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

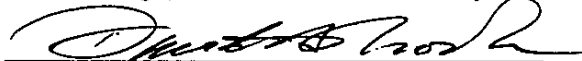
1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.



Signature of General Partner David A. Brooks, Vice President of HMA Hotel GP,  
LLC, general partner of HMA Hotel Partners, LP

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Sylvia Queppet

Signature of Registered Agent Sylvia Queppet, Asst. VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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