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The premier capital provider to the hospitality industry™

Ruth I.. Shumway Writer's Direct Dial: (972) 778-9203 Writer's E-mail: rshumway@ahtreit.com

January 21, 2009

Florida Department of State Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RE: <u>Dissolution</u> – HMA Hotel Partners, LP

Dear Sir or Madam:

Enclosed please find an original and one (1) copy of each of the Notice of Cancellation for Foreign Limited Partnership for HMA Hotel Partners, LP, along with a check in the amount of \$52.50 representing your filing fee in this matter. Please file this Notice with the appropriate office of the Florida State Department. Upon filing, please return to me a file stamped copy.

Please do not hesitate to contact the undersigned with any questions or comments.

State Shunway

Paralegal

Enclosures

COVER LETTER

Section Corporations			
Hotel Partners,	LP		
		nited Partnership)	
of Cancellation and	fee(s) are submitted for	r filing.	
respondence concerni	ng this matter to:		
у			
(Contact Person)			
ality Trust, Inc.			
(Firm/Company)			
Parkway, Suite 1	100		
(Address)	_		
75254			
(City, State and Zip Code)	1		
ion concerning this m	atter, please call:		
У	at (972) 77	'8-9203	
act Person)		Daytime Telephone Number)	
for the following amo	ount:		
\$61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy	\$113.75 Filing Fee, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	
	Hotel Partners, Foreign Limited Partnersh of Cancellation and the respondence concerning (Contact Person) tality Trust, Inc. (Firm/Company) Parkway, Suite 1 (Address) 75254 (City, State and Zip Code) ion concerning this may act Person) for the following amount \$61.25 Filing Fee and Certificate of Status SS: tions ter Circle	Hotel Partners, LP Foreign Limited Partnership or Limited Liability Line of Cancellation and fee(s) are submitted for respondence concerning this matter to: y (Contact Person) tality Trust, Inc. (Firm/Company) Parkway, Suite 1100 (Address) 75254 (City, State and Zip Code) ion concerning this matter, please call: y at (972)77 act Person) for the following amount: \$\int \frac{9}{105.00} \text{ Filing Fee} and Certificate of Status SS: MAILING Registration Division of P. O. Box 6 Tallahassee	

FILED

NOTICE OF CANCELLATION FOR FOR FOREIGN LIMITED PARTNERSHIPFALLAHASSEF FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

k - - - *6

HMA Hotel Partners	, LP
(Name of lin	nited partnership or limited liability limited partnership)
Delaware	
	(Jurisdiction of formation)
August 30, 2001	
(D	ate authorized to transact business in Florida)
	ship or limited liability limited partnership is no longer ida and wishes to cancel its certificate of authority pursuant to
	rida Department of State as its agent for service of process for of the transaction of business in this state.
Effective date, if other than (Effective date cannot be prior to Department of State.)	the date of filing: nor more than 90 days after the date this document is filed by the Florida
Signature of a general partr	er:
Typed or printed name:	
David A. Brooks, VF	of GP
Filing Fee:	\$52.50

\$52.50

\$8.75

Certified Copy (optional):

Certificate of Status (optional):