Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((11060000954653)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : CNL HOTELS & RESORTS, INC.

Account Number : 720050000020 Phone : (407)650-1549 Fax Number : (407)540-2702

RECEIVED

OG APR 17 PM 12: 36

INISION OF CORPORATIO

DISS/TERM/CANCEL/REV OF LP/LLP

CHH AUBURN PARTNERSHIP, LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

407-540-2702

CNL HOSPITALITY P 4/8 H06000095465 3

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

CHI	d Auburn Partnersh	ip, LP	
(Name of limited partr	ership or limited lie	ibility limited partnership)	
			<u>≥</u> 8
	Delaware	·	A 유
(1	urisdiction of forma	tion)	SS
	08/30/2001	, an above	H H N
(Date author	ized to transact busi	ness in Florida)	33 C
This foreign limited partnership or l	imited liability I	imited partnership is no le	onger S™
transacting business in Florida and s. 620.1907, F.S.	wishes to cancel	its certificate of authority	pursuant to
This entity appoints the Florida Derrights of action arising out of the tra			Process for
Effective date, if other than the date (Effective date cannot he prior to nor more Department of State.)		the date this document is filed	by the Florida
Signature of a general partner:			
Olganization of a general partner.		=	
TO VI			· e
Typed or printed name:			
By: CHH Auburn Parent, LLC as General	l Pariner		
By: Stephanie J. Thomas, Assistant Secret	- -	•	
Filing Fee;	\$52.50		
Certified Copy (optional):	\$52.50		
Certificate of Status (optional):	\$8.75		