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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : CNL HOTELS & RESORTS, INC.
Account Number : 120050000020
Phone : (407)650-1549
Fax Number : (407)540-2702

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

4-18
[Handwritten signature]

DISS/TERM/CANCEL/REV OF LP/LLP

CHH COSTA PARTNERSHIP, LP

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

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

CHH Costa Partnership, LP

(Name of limited partnership or limited liability limited partnership)

Delaware

(Jurisdiction of formation)

08/30/2001

(Date authorized to transact business in Florida)

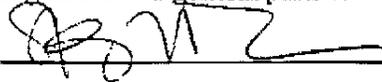
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process and for all rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

By: CHH Costa Parent, LLC as General Partner

By: Stephanie J. Thomas, Assistant Secretary

Filing Fee: \$52.50
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