

**B01000000303**

Florida Department of State  
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.

(((H06000095462 3)))

**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 : 120050000020  
Phone : (407)650-1549  
Fax Number : (407)540-2702

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR 17 AM 9:17

FILED

RECEIVED

06 APR 17 PM 12:36

DIVISION OF CORPORATION

**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

Electronic Filing Menu

Corporate Filing Menu

Help

1999-01-01

00:00

407-540-2702

CNL HOSPITALITY

P 8/8

H06000095462 3

**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)

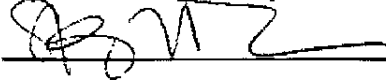
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process and for 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**

**Certified Copy (optional): \$52.50**

**Certificate of Status (optional): \$8.75**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR 17 AM 9:17

FILED