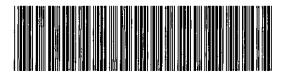
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PICK-UP WAIT MAIL
(Business Entity Name)
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DIVISION OF CORPORATION

B. KOHR

JAN 1 7 2008

EXAMINER



ACCOUNT NO. : 072100000032				
REFERENCE : 399261 4370110				
AUTHORIZATION: Smelle le man 2000 8000				
COST LIMIT : \$ 35.00				
ORDER DATE: January 13, 2008				
ORDER TIME: 2:38 PM				
ORDER NO. : 399261-490				
CUSTOMER NO: 4370110				
CHANGE OF AGENT				
NAME: DEARBORN 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.

	N HOTEL PARTNERS, Lame of Limited Partnership or Limit		
	ame of Limited Partnership of Limit	· 1	
2. 10/13/2003		3. B0/000000341	
Date of filing/registration in Florida		3 Florida document number	
4. The name of the re Department of State:	egistered agent and the registered of	fice address as shown on the records of the Florida	
	Stephanie J. Thomas		
	Name		
420 S. Orange Avenue, Suite 700			
	ECT		
Orlando, FL 32801			
	City, State a	nd Zip	
5. The name and Flo	rida street address of the new regist	nd Zip ered agent and/or office: mpany RETARY OF TORROR OR TORR	
Corporation Service Company			
	Name		
1201 Hays Street			
Florida street address (P.O. Box not acceptable)			
	Tallahassee	_{FL} 32301	
	City, State a		
6. Such change(s) is/	are effective when filed by the Flor	ida Department of State.	
6: 60	16/1		
Signature of General	David A Brooks, Vice President of LLC, general partner of Dearborn	f Dearborn Hotel GP, Hotel Partners, LP	
comply with the prov and I am familiar wit	ppointment as registered agent and isions of all statutes relative to the plant and accept the obligations of my poervice Company	agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent.	
Filing Fee: Certified Copy (\$35.00 optional): \$52.50		