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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

SUZANNE M. McLAUGHLIN

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 650-1065

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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VOLUNTARY CANCELLATION OF LP

INDIANAPOLIS HOTEL PARTNERS, LP

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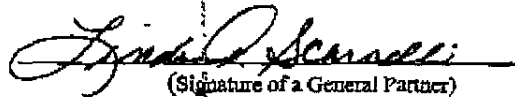
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**CERTIFICATE OF CANCELLATION
FOR**Indianapolis Hotel Partners, LP

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.


(Signature of a General Partner)Linda A. Scarcelli, Asst Secretary of

(Typed or Printed name of General Partner Signing)

STATE OF FloridaCOUNTY OF Orange

On this 19th day of December, 2003, Linda A. Scarcelli
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____


Notary Public SignatureSuzanne M. McLaughlin

Notary's Printed Name



Suzanne M. McLaughlin
My Commission CC972520
Expires October 03, 2004

Seal

My Commission Expires: _____