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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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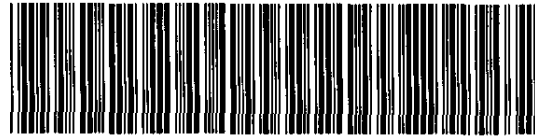
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/02/08--01062--010 **157.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

SEP - 3 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CNL HHC Partners III, LP

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ruth Shumway

(Contact Person)

Ashford Hospitality Trust

(Firm/Company)

14185 Dallas Parkway, Suite 1100

(Address)

Dallas, Texas 75254

(City, State and Zip Code)

For further information concerning this matter, please call:

Ruth Shumway

(Name of Contact Person)

at (972) 490-9600

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



ASHFORD
HOSPITALITY TRUST

The premier capital provider to the hospitality industry™

Ruth L. Shumway
Writer's Direct Dial:
(972) 778-9203
Writer's E-mail:
rshumway@ahftr.com

August 28, 2008

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

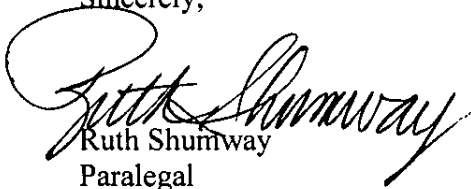
RE: Dissolutions – Dearborn Hotel Partners, LP; CNL IHC Partners, LP; CNL
HHC Partners III, LP

Dear Sir or Madam:

Enclosed please find an original and one (1) copy of the Notice of Cancellation for Foreign Limited Partnership for the above captioned entities, along with a check in the amount of \$157.50, which represents your filing fee in this matter. Please file these Applications with the appropriate office of the Florida State Department. Upon filing, please return to me a file stamped copy.

Please do not hesitate to contact the undersigned with any questions or comments.

Sincerely,


Ruth Shumway
Paralegal

Enclosures

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

CNL HHC Partners III, LP

(Name of limited partnership or limited liability limited partnership)

DE

(Jurisdiction of formation)

12/16/2003

(Date authorized to transact business in Florida)

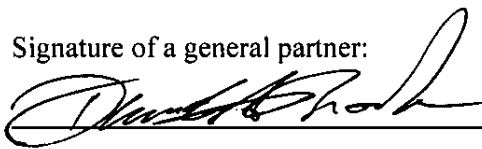
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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

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

David A. Brooks, VP of GP

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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TALLAHASSEE, FLORIDA