Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Phone

Account Number: FCA000000023 : (850)222-1092

: (850)878-5368

Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Panil	Address:	

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION CNL GRAND WAILEA RESORT, LP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

T. HAMPTON

MAY 1 4 2010

EXAMINER

5/13/2010

COVER LETTER

TO:	Registration of	n Section FCorporations		
etie i	ECT:	CN	L Grand Wailes Resort. Li	p
GODJ	EC. 1.	Name of Foreign Limited I	Partnership or Limited Liab	oility Limited Partnership
The e	relosed ame	ndment and fec(s) are s	submitted for filing.	
Please	return all co	orrespondence concern	ing this matter to:	
		Mary Barker	· · · · · · · · · · · · · · · · · · ·	
		Contact Person		
		Pyramid Advisors, LLC		
		Firm/Company		
	One	Post Office Square Suite 3	100	
		Address		
		Baston, MA 02109	·	
		City, State and Zip Code		
		rker@pyramidhotolgroup.c		
<u>E</u> -	mail address: (to be used for future annual	report actification)	
For fu	ther informa	tion concerning this m	aner, please call:	
		es Hinkel	at (800)	225-2034
	Name of Co	onuict Person	Area Code and Day	time Telephone Number
Enclos	ed is a check	for the following amo	runt:	
5 4,552.:	iO Filing Fee	S61.25 Filing Fee and Certificate of Smrus	S105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status
	ET ADDRES	·	MAILING	ADDRESS;
	ation Section		Registration	
	n of Corpora Building	tions		Corporations
	aunaing secutive Cen	ter Circle	P. O. Box 6: Tallahassee.	
	ssee, PL 323		1 411A11A53CC.	1 6 34314

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:			
2. The jurisdiction of its formation is:	Delaware		
3. The date the entity was authorized to r	ransact business in Florida is:	04/29/280	
4. If the amendment changes the name of limited purtnership, enter the new name: MSR Grant	The limited partnership or limited l d Wolles Resort, LP	ìability	
Acceptable Limited Parmership suffixes: Limited Acceptable Limited Liability Limited Parmership or LLLP.		rship, L.L.IP.	
5. If the amendment changes the general each general partner:	partner(s), list the name and busines	ss address of	
Name:	Business Address:		

Page 1 of 2

7. if the ani	endment conrects any false statement listed in the application, indicate the ing corrected and the correction:
IVA:	
	endment is to add or delete an election to be a limited liability limited liability limited liability limited
	The entity elects to be a limited liability limited partnership.
	The cutty is no longer a limited liability limited parmership.
ifaremention	s an original certificate, no more than 90 days olds, evidencing the cd amendment(s), duly authenticated by the official having custody of jurisdiction under the law of which this outly is organized.
0. Effective	date, if other than the date of filings
Lifective date o Department of S	council be pictor to nor more than 90 days after the date this document is filled by the Flori
Signature of a	constol pariner:
yped or prin	ted magnier Cevine Vius President of General Partner
filing Fee: Contified Co	\$52:50 by (optional): \$52:50

Puge 2 of 2

Delaware

PAGE .

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CNL GRAND WAILEA RESORT, LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MSR GRAND WAILEA RESORT, LP", THE FOURTEENTH DAY OF JULY; A.D. 2008, AT 2:48 O'CLOCK P.M.

2*968593 8320*

100499129

You may verily this certificate colle

AUTHENIA CATION: 7988725

9

DATE: 05-12-10