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AND VICATIONS

AND VICATIONS

J. BRYAN JUL 2 6 2004



ACCOUNT NO. : 072100000032

REFERENCE: 818751 7407185

AUTHORIZATION :

COST LIMIT : \$ 1793.78

ORDER DATE: July 23, 2004

ORDER TIME : 12:41 PM

ORDER NO. : 818751-020

CUSTOMER NO: 7407185

CUSTOMER: Ms. A.b. Fox

Highland Hospitality

Suite 500

8405 Greensboro Drive Mclean, VA 22102

FOREIGN FILINGS

NAME: HIGHLAND HOSPITALITY, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Justin Cheshire -- EXT# 2909

EXAMINER:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 26, 2004

JUSTIN CHESHIRE CSC TALLAHASSEE, FL

SUBJECT: HIGHLAND HOSPITALITY, L.P.

Ref. Number: W04000028590

HOSPITALITY I. P. and the

OF MESO PARILLE

We have received your document for HIGHLAND HOSPITALITY, L.P. and the authorization to debit your account in the amount of \$1793.75. However, the document has not been filed and is being returned for the following:

THE R.A. must sign in Item 7.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 304A00046982

04 JUL 27 AN II: 07
BIVISION OF CHRECKATION

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

If name is unavailable, name under which the limited partnership proposes to register or transact business in Floring must contain the word "LIMITED" or "LTD.") Delaware (State of Formation) Corporation Service Company (Name of Registered Agent for Service of Process) 1201 Hays Street (Street Address of Registered Office) (City) Acceptance by the Registered Agent for Service of Process: Corporation Service Company (Acceptance by the Registered Agent for Service of Process: Corporation Service Company Lynette Coleman as its agent (Agent must sign on this line) 8405 Greens bord Dr. Suite Soo (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS HHC GP Cappration 8405 Greens bord Dr. Suite S	Highland Hospitality (Name of limite	L. P.
(State of Formation) Corporation Service Company (Name of Registered Agent for Service of Process) 1201 Hays Street (Street Address of Registered Office) allahassee (City) (City) Acceptance by the Registered Agent for Service of Process: Corporation Service Company Ey: Lynette Coleman as its agent (Agent must sign on this line) 8405 Greens bore (Agent must sign on this line) (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS	(Name of minter	d partnership as it is in the nome state)
(State of Formation) Corporation Service Company (Name of Registered Agent for Service of Process) 1201 Hays Street (Street Address of Registered Office) Acceptance by the Registered Agent for Service of Process: Corporation Service Company (City) Acceptance by the Registered Agent for Service of Process: Corporation Service Company Ey: Lynette Coleman as its agent (Agent must sign on this line) 8405 Greens boro Dr. Suite Soo (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS		52
(State of Formation) Corporation Service Company (Name of Registered Agent for Service of Process) 1201 Hays Street (Street Address of Registered Office) 121 Acceptance by the Registered Agent for Service of Process: Corporation Service Company Experiment Agent must sign on this line) 8405 Greens bore Dr. Suite 500 (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS	name is unavailable, name under which the li	imited partnership proposes to register or transact business in Florida
(Name of Registered Agent for Service of Process) (Name of Registered Agent for Service of Process) (Street Address of Registered Office) (Street Address of Registered Office) (City) (City) (City) (City) (Zip Code) (Acceptance by the Registered Agent for Service of Process: (Corporation Service Company By: (Agent must sign on this line) (Agent must sign on this line) (Agent must sign on this line) (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS	must contain	the word "LIMITED" or "LTD.")
(Name of Registered Agent for Service of Process) (Name of Registered Agent for Service of Process) (Street Address of Registered Office) (City) (K 1	-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(Name of Registered Agent for Service of Process) (Name of Registered Agent for Service of Process) (Street Address of Registered Office) (City) (Delaware	4. July 29 2003
(Street Address of Registered Office) (Street Address of Registered Office) (City)	(State of Formation)	I (Date of Formation)
(Street Address of Registered Office) (Street Address of Registered Office) (City) (Agent must sign on this line) (Agent must sign on this line) (Agent must sign on this line) (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS	Corporation Service Company	
(Street Address of Registered Office) (City) (Agent and as its agent as its agent (Agent must sign on this line) (Agent must sign on this line) (Agent must sign on this line) (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS	(Name of Regis	stered Agent for Service of Process)
(Street Address of Registered Office) allahassee , Florida 32301 (City) (Zip Code) Acceptance by the Registered Agent for Service of Process: Corporation Service Company Lynette Coleman By: Lynette Coleman CAgent must sign on this line) 8405 Greens boro Dr. Suite Soo (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS		
Acceptance by the Registered Agent for Service of Process: Corporation Service Company Lynette Coleman By: (Agent must sign on this line) 8405 Greens bore CAddress of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS	1201 Hays Street	
Acceptance by the Registered Agent for Service of Process: Corporation Service Company By: (Agent must sign on this line) Sand Sand Dr. Suite Soo (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS	(Street	Address of Registered Office)
Acceptance by the Registered Agent for Service of Process: Corporation Service Company By: (Agent must sign on this line) Sand Sand Dr. Suite Soo (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS		
Acceptance by the Registered Agent for Service of Process: Corporation Service Company By: (Agent must sign on this line) Service Company (Agent must sign on this line)		. Florida 32301
Corporation Service Company By: April 1 Lynette Coleman as its agent (Agent must sign on this line) 8405 Greens boro Dr. Suite 500 McLean VA 22102 (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS	(City)	(Zip Code)
8405 Greensboro Dr., Suite 500 McLean, VA 22102 (Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS	Corporation Service By: (Age	Lynette Coleman Sent must sign on this line) Lynette Coleman as its agent
(Address of registered office required in state of formation or, if not required, address of principal office.) NAMES OF GENERAL PARTNERS STREET ADDRESS		
NAMES OF GENERAL PARTNERS STREET ADDRESS		•
	(Address of registered office required in s	tate of formation or, if not required, address of principal office.)
HHC GP Corporation 8405 Greensborn Dr., Svite 5	NAMES OF GENERAL PARTNERS	STREET ADDRESS
FIYOUTH TY McLean, VA 22108		
Fo 40000 4378 Mclean, VA 22108	HHC GP Corporation	8405 Greensbow Dr. Suite 500
	F0400006457	y Mclean, VA 22108
		

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

^{11.} The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

12 8405 Greensboro Dr. Svite 500	:tr ===	
Mailing Address of Limited Partnership)	_ 712 755	
Under penaltics of perjury I, being duly sworn, declare that I have read the foregoing and know the contents there and that the facts stated herein are true and correct.	eof	
Signed this 22 day of July , 2004. HITC GP Coxpord Hon Gonekal Partner by: Tracy M.J. Colden, STATE OF MARYLAND	EVP \$Sec	reto
COUNTY OF MONTGOMERY		÷
On this 22rd day of July , 2004	·	-
Tracy M.J. Colden personally appeared before me,		
who is personally known to me		
whose identity I proved on the basis of		. ь
(Notary Public Signature) Miriam A. Fox Notary Public State of Maryland Ny Commission Expires Control Ny Commission Expires Control		·

My Commission Expires: 10/1/04

Seal

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

HHC GP Cocporation The Highland Hospitality L.P., a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:
1. The amount of capital contributions of the limited partners is \$ 364.8 Million
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ \(\lambda \frac{3.5 \text{ M(1)}}{1200} \)
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and
that the facts stated herein are true and correct.
Signed this 22 day of Do July, 2004.
June 100
By: Tracy M. J. Colden, EVP & Secretary
STATE OF MARYLAND
COUNTY OF MONTGOMERY
On this 22 nd day of July , 2004,
, personally appeared before me,
who is personally known to me
whose identity I proved on the basis of
Mirlam A. Fox Notary Public State of Maryland Notary Public State of Maryland Notary Public State of Maryland
My Countries of Timed Name) Cotober 1, 2004

My Commission Expires: 10/104

Seal

EXHIBIT A

(As of June 30, 2004)

Partner General Partner:	Agreed Value of Capital <u>Contribution</u>	Partnership <u>Units</u>	Percentage <u>Interest</u>
HHC GP Corporation 8405 Greensboro Drive Suite 500 McLean, Virginia 22102	\$409,490	40,949	0.10000%
Limited Partners:			
Highland Hospitality Corporation 8405 Greensboro Drive Suite 500 McLean, Virginia 22102	\$396,225,620	39,941,062	97.53802%
Barceló Crestline Corporation 8405 Greensboro Drive Suite 500 McLean, Virginia 22102	\$5,298,500	529 , 850 -	1.29392%
Sugar Land Hotel Developers, LLC One Riverside, Suite 300 4401 Northside Parkway Atlanta, Georgia 30327	\$1,091,900	109,190	0.26665%
Portsmouth Hotel Developers, LLC One Riverside, Suite 300 4401 Northside Parkway Atlanta, Georgia 30327	\$1,854,830	185,483	0.45296%
A/H Hotel, L.L.C. 222 Central Park Avenue Suite 2100 Virginia Beach, Virginia 23462	\$1,426,880	142,688	0.34845%