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(Requestor's Name)

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(City/State/Zip/Phone #)

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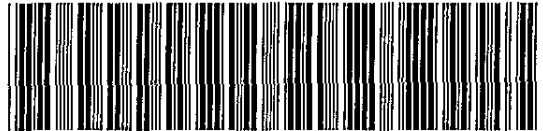
(Business Entity Name)

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05 MAR -4 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 MAR -4 AM 8:45

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 215107 4346135

AUTHORIZATION :

Patricia P...

COST LIMIT : \$ 1785.00

FILED
05 MAR -4 AM 11:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : February 18, 2005

ORDER TIME : 3:01 PM

ORDER NO. : 215107-150

CUSTOMER NO: 4346135

CUSTOMER: Logan Slone
Sullivan & Cromwell Llp
125 Broad Street

New York, NY 10004

FOREIGN FILINGS

NAME: W2005 GHIT HOTELS, L.P.

File 2nd

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: _____

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

FILED
05 MAR -4 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. W2005 GHIT HOTELS, L.P.

(Name of limited partnership as it is in the home state)

2. _____

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida must contain the word "LIMITED" or "LTD.")

3. Delaware

(State of Formation)

4. February 16, 2005

(Date of Formation)

5. CT Corporation System

(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road

(Street Address of Registered Office)

Plantation

(City)

Florida 33324

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

CT Corporation System

By: _____

Sohan Dindyal

(Agent must sign on this line)

Assistant Secretary

8. 85 Broad Street, New York, NY 10004

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

W2005 GHIT GenPar, L.L.C., 85 Broad Street, New York, NY 10004

10. c/o Stacy Lyons, Goldman Sachs & Co., 1 New York Plaza, New York, NY 10004

(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.

CONTINUED

12, 85 Broad Street, New York, NY 10004

(Mailing Address of Limited Partnership)

Under 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 28th day of February, 2005.

General Partner Alan S. Kava

STATE OF New York

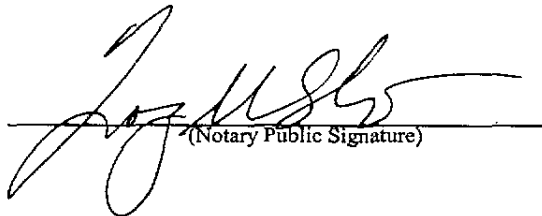
COUNTY OF New York

On this 28th day of February, 2005.

Alan S. Kava, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

(Notary's Printed Name)

LOGAN M. SLONE
Notary Public, State of New York
No. G1SL6116088
Qualified in New York County
Certificate Filed in New York County
Commission Expires November, 1 2008

Seal

My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Alan S. Kava, authorized representative of W2005 GHIT GenPar, L.L.C.
a general partner of W2005 GHIT Hotels, 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 \$ 14,919,357.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,533,299.

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 28th day of February, 2005.

[Signature]
General Partner

STATE OF New York

COUNTY OF New York

On this 28th day of February, 2005.

Alan S. Kava, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

(Notary's Printed Name)

LOGAN M. SLONE
Notary Public, State of New York
No. 01516116383
Qualified in New York County
Certificate Filed in New York County
Commission Expires November, 1 2008

Seal

My Commission Expires: _____