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Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6383

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 Account Name : C T CORPORATION SYSTEM
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 NOV -5 AM 8:45

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LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

EQI JACKSONVILLE PARTNERSHIP I, L.P.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$52.50 |

DB

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Help

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

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:
EQI Jacksonville Partnership I, L.P.

2. The jurisdiction of its formation is: Tennessee

3. The date the entity was authorized to transact business in Florida is: 11/2/05

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:
W2007 EQI Jacksonville Partnership I, L.P.

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or L.L.P.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

| <u>Name:</u> | <u>Business Address:</u> |
|--------------|--------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
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TALLAHASSEE, FLORIDA

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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of 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.)

By: *ERI Jacksonville Consulting General Partner*
Signature of a general partner:

JM Collins

Typed or printed name: **J. Mitchell Collins**
Executive Vice President

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

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 TALLAHASSEE, FLORIDA

SECRETARY OF STATE
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, TN 37243

ISSUANCE DATE: 10/26/2007
REQUEST NUMBER: 07299118
TELEPHONE CONTACT: (615) 741-6488
STATUS: ACTIVE
FILE /REGISTRATION DATE: 10/28/2005
CONTROL NUMBER: 0505469
JURISDICTION: TENNESSEE

TO:

CFS
8161 HIGHWAY 100
#172
NASHVILLE, TN 37221

I, RILEY C. DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE, DO HEREBY CERTIFY THAT THE ARTICLES OF AMENDMENT TO THE CERTIFICATE OF LIMITED PARTNERSHIP OF:

"EQI JACKSONVILLE PARTNERSHIP I, L.P."

WAS FILED IN THIS OFFICE ON OCTOBER 25, 2007, CHANGING THE NAME TO:

"W2007 EQI JACKSONVILLE PARTNERSHIP I, L.P."

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TALLAHASSEE, FLORIDA



SS-4458

Riley C. Darnell

RILEY C. DARNELL
SECRETARY OF STATE