

# BO5000000478

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Attn: Tammi

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000106645 3)))



H080001066453ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 222-1092  
 Fax Number : (850) 878-5926

2008 APR 22 PM 12: 11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

W2007 EQI JACKSONVILLE PARTNERSHIP I, L.P.

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

T. CLINE

Electronic Filing Menu

Corporate Filing Menu

APR 23 2008  
Help

EXAMINER

**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:  
W2007 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: 11/2/2005

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:  
\_\_\_\_\_

*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 LLLP.*

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

<u>Name:</u>
<u>W2007 EQI Financing Corporation VI</u>
<u>FOS-6402</u>
_____
_____
_____
_____
_____
_____
_____
_____
_____

<u>Business Address:</u>
<u>6011 Connection Drive</u>
<u>Irving, TX 75039</u>
_____
_____
_____
_____
_____
_____
_____
_____
_____

SECRETARY OF STATE  
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:

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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 olds, 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.)

Signature of a general partner:



Typed or printed name:

Greg Fay, Director & Vice President of the General Partner

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

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TALLAHASSEE, FLORIDA

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Secretary of State  
Division of Business Services  
312 Eighth Avenue North  
6th Floor, William R. Snodgrass Tower  
Nashville, Tennessee 37243

ISSUANCE DATE: 04/22/2008  
REQUEST NUMBER: 08113517  
TELEPHONE CONTACT: (615) 741-6488

FILE/REGISTRATION DATE: 10/28/2005  
STATUS: ACTIVE  
CONTROL NUMBER: 0505469  
JURISDICTION: TENNESSEE

TO:  
CFS  
8161 HWY 100  
NASHVILLE, TN 37221

REQUESTED BY:  
CFS  
8161 HWY 100  
NASHVILLE, TN 37221

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT  
"W2007 EQI JACKSONVILLE PARTNERSHIP I, L.P."

IS A LIMITED PARTNERSHIP DULY CREATED UNDER THE LAW OF THIS STATE, WHOSE  
CERTIFICATE OF LIMITED PARTNERSHIP WAS FILED WITH THIS OFFICE ON THE DATE GIVEN  
ABOVE.  
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE  
EXISTENCE OF THE LIMITED PARTNERSHIP HAVE BEEN PAID AND THAT A CERTIFICATE OF  
CANCELLATION OF LIMITED PARTNERSHIP HAS NOT BEEN FILED.

FILED  
2008 APR 22 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/22/08

FROM:  
CAPITAL FILING SERVICE (CFS)  
8161 HIGHWAY 100  
#172  
NASHVILLE, TN 37221-0000

	FEES	
RECEIVED:	\$320.00	40.00
TOTAL PAYMENT RECEIVED:	\$320.00	
RECEIPT NUMBER:	00004380647	
ACCOUNT NUMBER:	00101230	



SS-445R

*Riley C Darnell*

RILEY C. DARNELL  
SECRETARY OF STATE