

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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((H08000103153 3)))



H080001031533ABCV

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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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 08 APR 21 AM 10:13

RECEIVED

08 APR 21 PM 1:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION

W2007 EQ1 ORLANDO 2 PARTNERSHIP, L.P.

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

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Corporate Filing Menu

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APR 22 2008

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 Orlando 2 Partnership, L.P.

2. The jurisdiction of its formation is: Tennessee

3. The date the entity was authorized to transact business in Florida is: 10/31/2006

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:

Name:

Business Address:

W2007 EQI FL Corporation

6011 Connection Drive

Irving, TX 75039

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DIVISION OF CORPORATION

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:

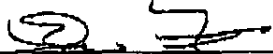
☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days 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 of the General Partner

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

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

ISSUANCE DATE: 04/18/2008
REQUEST NUMBER: 08109577
TELEPHONE CONTACT: (615) 741-6488

FILE/REGISTRATION DATE: 12/11/2007
STATUS: ACTIVE
CONTROL NUMBER: 0565091
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 EQ1 ORLANDO 2 PARTNERSHIP, 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.

FOR: REQUEST FOR CERTIFICATE

ON DATE: 04/18/08

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

RECEIVED: FEES \$100.00 \$0.00
TOTAL PAYMENT RECEIVED: \$100.00

RECEIPT NUMBER: 00004378606
ACCOUNT NUMBER: 00101230



SS-4457

Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE