Document Number Only

B95000000062

RECEIVED
95 FEB 22 AM 11:55
DIVISION OF CORPORATION

C T CORPORATION SYSTEM
Requestor's Name
1311 Executive Center Drive, ste. 200
Address
Tallahassee, FL. 32301 (904) 656-8298
City State Zip Phone

200001410902
-03/02/95--01024--008
*****87.50 *****87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 PM 5:14

CORPORATION(S) NAME

RER Resources Limited Partnership

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DIVISION OF CORPORATIONS
95 FEB 22 PM 5:15

( ) Profit
( ) NonProfit
( ) Amendment
( ) Merger
( ) Foreign
( ) Dissolution/Withdrawal
( ) Mark
(X) Limited Partnership
( ) Reinstatement
( ) Annual Report
( ) Reservation
( ) Other
( ) Change of R.A.
( ) Fictitious Name
( ) Certified Copy
( ) Photo Copies
( ) CUS / G/S
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( ) Mail Out
( ) Call if Problem
( ) Will Wait
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Name Availability	BK
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

2/22/95
3:00

2/22/95

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C. TAX BK
FILING 52.50
R. AGENT FEE 35.00
C. COPY
TOTAL 87.50
N. BANK
BALANCE DUE
REFUND

R95000000499

By
CT

CR2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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

1. RER Resources Limited Partnership
(Name of limited partnership as it is in the home state;

2. RER Resources Limited Partnership
(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. Virginia (State of Formation)

4. February 9, 1995 (Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

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DIVISION OF CORPORATIONS
95 FEB 22 PM 5: 14

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

Connie Bryan
(Officer must sign on this line)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

8. Kevin J. Gallagher, Assistant Vice President
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS	SPECIFIC ADDRESS
RER New Resources, Inc.	14 Pidgeon Hill Drive, Suite 300, Sterling, VA 20165

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DIVISION OF CORPORATIONS
95 FEB 22 PM 5: 14

10. 14 Pidgeon Hill Drive, Suite 300, Sterling, VA 20165
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnerhsip 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 cancelled or withdrawn.

12. 14 Pidgeon Hill Drive, Suite 300, Sterling, VA 20165
(Mailing Address of Limited Partnership)

This 16th day of February, 1995.

RER ~~New~~ Resources, Inc., General Partner

By: Assistant Sec.

Bruce M. Levy, Assistant Secretary

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 PM 5:14

~~STATE OF Virginia~~ DISTRICT OF COLUMBIA

~~COUNTY OF Loudon~~

THE FOREGOING instrument was acknowledged and sworn to before me this 16th day of February, 1995, by Bruce M. Levy, Asst. Secy. of RER New Resources, Inc. (Name of General Partner) of RER Resources Limited Partnership (Name of Limited Parntership), A Virginia (State or Country) Limited Partnerhsip, on behalf of the Limited Partnership.

Notary Public

State of _____ at Large

(SEAL)

My Commission Expires:

Marian C. Bodwell
Notary Public District of Columbia
My Commission Expires
March 14, 1999

FILED
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DIVISION OF CORPORATIONS
95 FEB 22 PM 5:14

(FLA. - LP 2819)

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Bruce M. Levy, Asst. Secretary of RER New Resources, Inc., a general partner of RER Resources Limited Partnership (an) Virginia, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is $ 990.00.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 990.00.

This 16th day of February, 1995

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 PM 5:14

General Partner

Assistant Sec. of RER New Resources

RER New Resources, Inc.
By: Bruce M. Levy, Asst. Secretary

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 PM 5:14

~~STATE OF~~ DISTRICT OF
~~COUNTY OF~~ COLUMBIA
DATE Feb 16, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Bruce M. Levy, Assistant Secretary of RER New Resources, Inc. (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as Assistant Secretary of General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 16th day of February, 1995.

Marian C. Bothwell

Seal

Notary Public

Marian C. Bothwell
Notary Public District of Columbia
My Commission Expires
March 14, 1999

State of _____ at Large
My Commission Expires:

(FLA - LP 2820 - 9/20/90)

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 NOV 27 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

EQUITY INNS PARTNERSHIP, LTD

1a. DOCUMENT # **B94000000062**

Mailing Address
4735 SPOTTSWOOD
SUITE 201
MEMPHIS TN 38117

Principal Office Address
4735 SPOTTSWOOD
SUITE 201
MEMPHIS TN 38117

If above addresses are incorrect in any way line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, if Applicable
Suite, Apt. #, etc
City, State & Zip

2a. New Principal Office Address, if Applicable
Suite, Apt. #, etc
City, State & Zip

100001651081
-12/01/95--01053--008
****191.25 ****191.25

3. Date Formed or Registered to Do Business in FLORIDA: 02/23/1994

3a. Date of Last Report: 02/16/1995

4. State or Country of Formation: TN

5a. Capital Contributions as Shown on Record: $1.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number: 65-1557622

7. CERTIFICATE OF STATUS REQUIRED
Applied For
Not Applicable
$8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc
City: FL
Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, sections 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
PHILLIP H. MCNEILL, AS TRUST	4735 SPOTTSWOOD, SUIT	MEMPHIS TN 38124	

AR - $52.50
SF - $138.75

11-28-95

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Telephone Number _____

CR2E003 (6/95)

0013177

FILE ON OR BEFORE APRIL 5, 1996 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 MAR 26 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

RER RESOURCES LIMITED PARTNERSHIP

1a. DOCUMENT # **B95000000062**

Mailing Address
~~14 PIDGEON HILL DRIVE, SUITE 300~~
~~STERLING VA 20165~~

Principal Office Address
~~14 PIDGEON HILL DRIVE, SUITE 300~~
~~STERLING VA 20165~~

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

2. New Mailing Address, if Applicable: 950 HERNDON PARKWAY
Suite Apt # etc: SUITE 200
City State & Zip: HERNDON, VA 22070

2a. New Principal Office Address, if Applicable: 950 HERNDON PARKWAY
Suite Apt # etc: SUITE 200
City State & Zip: HERNDON, VA 22070

3. Date Formed or Registered to Do Business in FLORIDA: 02/22/1995

3a. Date of Last Report:

4. State or Country of Formation: VA

5a. Capital Contributions as Shown on Record: $990.00

5b. Amount of Capital Contributions in FLORIDA to date: 0

6. FEI Number: 54-1752367 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS REQUIRED — $6.75 Additional Fee required for a Certificate of Status ☐

8. FEES: 1.) Filing Fee Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite Apt. # etc
City: FL Zip Code

100001755361
-03/27/96--01013--008
****191.25 ****191.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
RER NEW RESOURCES, INC.	~~14 PIDGEON HILL DRIVE~~ 950 HERNDON PKWY #200	~~STERLING VA 20165~~ HERNDON, VA 22070	F95000000883

AR - $52.50
SF - $138.75
3/26/96 aw

NOTE: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 3/5/96

Typed or Printed Name of General Partner Signing Form: CHRISTOPHER KALLIVOKAS, DIRECTOR OF RER NEW RESOURCES, INC. Telephone Number: 703-742-6789

CR2E003 (11/95)

0003483

Requestor's Name

Address

City/State/Zip Phone #

B95000000062

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

97 JUN 27 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AK
PMD

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

300002226073--8
-06/30/97--01044--006
*****35.00 *****35.00

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

B95000000062
6-27-97
KA
APR

CR2E031(1 95)

Examiner's Initials	

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Virginia, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RER Resources Limited Partnership
Name of the limited partnership

2. February 9, 1995
Date of filing/registration in Florida

3. B95000000062
Document number assigned

4. The name and address of the present registered agent and office:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

APPROVED AND FILED
97 JUN 27 AM 9:10
SECRETARY OF STATE TALLAHASSEE, FLORIDA

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

Richard Hollowell
927 Clint Moore Road
Boca Raton, Florida 33487

Such change was authorized by the general partners.

Signature of General Partner — Date 3/7/97

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Registered Agent signature — Date 3/7/97

Filing Fee: $35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHSE004(3/95)