

B9500000155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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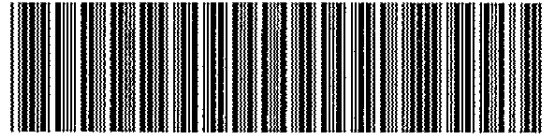
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE

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FILED  
03 MAR -5 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 917041 7365949

AUTHORIZATION : *Patricia Pzyut*

COST LIMIT : \$ 35.00

FILED  
03 MAR -5 PM 4:10  
TALLAHASSEE, FLORIDA

ORDER DATE : February 3, 2003

ORDER TIME : 4:46 PM

ORDER NO. : 917041-370

CUSTOMER NO: 7365949

CUSTOMER: Ms Mindy Tillinghast  
Boykin Lodging Company  
Suite 1500  
45 West Prospect Avenue  
Cleveland, OH 44115

CHANGE OF AGENT

NAME: BOYKIN MIAMI HOTEL LIMITED  
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

**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 submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

FILED  
MAR -5 PM 1:10  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

1. BOYKIN MIAMI HOTEL LIMITED PARTNERSHIP  
Name of the limited partnership

2. May 2, 1995 Date of filing/registration in Florida

3. B9500000155 Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System  
Name

1200 South Pine Island Road  
Address

Plantation, FL 33324  
City, State and Zip

5. The name and address of the new registered agent and/or office:

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box **not** acceptable)

Tallahassee FL 32301  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Laura R. Dunlap

Signature of General Partner Laura R. Dunlap, Attorney in Fact

*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 obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Jeanine Reynolds  
Signature of Registered Agent

**Jeanine Reynolds  
as its agent**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00**