

B9600000303

Company Name

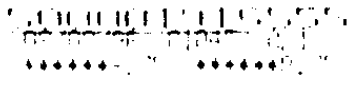
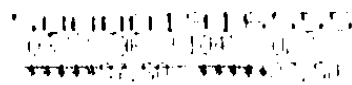
Address

City/State/Zip

Phone #

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 #) _____

- Walk in
- Mail out

- Pick up time _____
- Will wait
- Photocopy

- Certified Copy
- Certificate of Status

W46000014258

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 96 AUG -5 PM 1:21

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R A , Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FEE
 FILING _____ 52.50
 R. AGENT FEE _____ 35.00
 C. COPY _____ 8.75
 TOTAL _____ 96.25
 I. BANK _____
 BALANCE DUE _____
 REFUND _____

8/5/96

Examiner's Initials 131

Florida Department of State, John H. Secretary of State

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

1 Boykin Hotel Properties, L.P.
(Name of limited partnership as it is in the home state.)

2 Boykin Hotel Properties, 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 Ohio 4. FEBRUARY 12, 1996
(State of Formation) (Date of Formation)

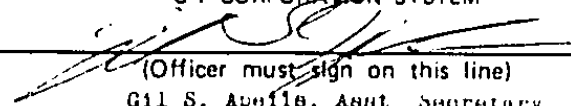
5 CT CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

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

Plantation , Florida 33324
(City) (Zip Code)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG -5 PM 1:21
FILED

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

CT CORPORATION SYSTEM

(Officer must sign on this line)
Gil S. Apelle, Asst. Secretary
(Type Name and Title of Officer)

8. 50 Public Square, Suite 1500, Cleveland, Ohio 44113
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

Boykin Lodging Trust, Inc.

SPECIFIC ADDRESS

50 Public Square, Suite 1500
Cleveland, Ohio 44113

F9600003605

10 50 Public Square, Suite 1500 Cleveland, Ohio 44113
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11 The limited partnership 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 50 Public Square, Suite 1500 Cleveland, Ohio 44113
(Mailing Address of Limited Partnership)

This 9th day of July 19 96

Boykin Lodging Trust, Inc.

By:

General Partner

Robert W. Boykin, President

65 HIRAKIS - 5 PM 1:21

STATE OF

COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 9th day of July, 19 96, by Boykin Lodging Trust, Inc. (Name of General Partner) of

Boykin Hotel Properties, L.P.

(Name of Limited Partnership), An Ohio (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Notary Public

State of Ohio at Large

(SEAL)

My Commission Expires:

LINDA M. HIRAKIS, Notary Public
State of Ohio, Cuyahoga County
My commission expires Oct. 6, 1996

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Boykin Lodging Trust, Inc., a general partner of Boykin Hotel Properties, Inc., a (an) limited partnership, hereinafter referred to as the "Partnership", who certifies as follows

1. The amount of capital contributions of the limited partners is \$ 100.

2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 22.

This 9th day of July, 1996

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.

Boykin Lodging Trust, Inc.
General Partner
By: [Signature]
Robert W. Boykin, President

96 AUG 9 PM 1:21
SECRETARY OF STATE
DIVISION OF RECORDS

STATE OF FL
COUNTY OF Dade
DATE July 9, 1996

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 Robert W. Boykin (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 General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 9th day of July, 1996

Seal

Notary Public LINDA M. BRADY Notary Public
State of FL at Largo commission expires Oct. 6, 1996
My Commission Expires