

B96000000374

**HERITAGE EQUITIES INCORPORATED**

P.O. Box 725589  
Atlanta, Georgia 31139

City/State/Zip

Phone #

Office Use Only

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

1. Columbus Hotel Associates, L.P. CM  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
97 SEP -5 AM 1:35  
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| 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                                 |

300002288133--5  
-09/05/97--01057--003  
\*\*\*\*140.00 \*\*\*\*\*35.00

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

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

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

1. Columbus Hotel Associates, L.P.  
Name of the limited partnership

2. 9/25/96 3. B9600000374  
Date of filing/registration in Florida Document number assigned

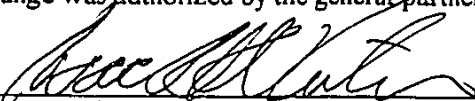
4. The name and address of the present registered agent and office:

Corporation Service Company  
Karen B. Rozar, Agent  
1201 Hayes Street, Suite 105, Tallahassee, FL 32304

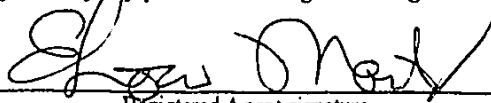
5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

E. Snow Martin, Esq.  
200 Lake Morton Dr.  
Lakeland, Florida 33802

Such change was authorized by the general partners.

 8/25/97  
Signature of General Partner Date

*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.*

 August 28, 1997  
Registered Agent signature Date

**Filing Fee: \$35.00**

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