

# B98000000440

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H100001161573)))



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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) 878-5368

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION  
CNL HOSPITALITY PARTNERS, LP**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$52.50

C. LEWIS  
MAY 14 2010  
EXAMINER

RECEIVED  
10 MAY 13 PM 4:09  
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CNL Hospitality Partners, LP  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mary Barker  
Contact Person

Pyramid Advisors, LLC  
Firm/Company

One Post Office Square Suite 3100  
Address

Boston, MA 02109  
City, State and Zip Code

mbarker@pyramidhotelgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Hinkel at ( 800 ) 225-2034  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee    ☐ \$61.25 Filing Fee and Certificate of Status    ☐ \$105.00 Filing Fee and Certified Copy    ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: CNL Hospitality Partners, LP **B98000000440**

2. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 07/06/1998

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:  
MSR Hospitality Partners, LP

*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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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TALLAHASSEE, FLORIDA

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

n/a

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

n/a

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 old, 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 of General Partner  
Devin  
Vice President

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

# Delaware

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*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CNL HOSPITALITY PARTNERS, LP", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MSR HOSPITALITY PARTNERS, LP", THE FOURTEENTH DAY OF JULY, A.D. 2008, AT 4:53 O'CLOCK P.M.



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100499126

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7988719

DATE: 05-12-10