--B9900000188

CORPORATION(S) NAME

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FelCor/MM Holdings, L.P.		<u> </u>		
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	() Reinstatement			
() Limited Partnership	() Annual Report	() Other		
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2 2 2	() Fictitious Name	() UCC		
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With seconds.				
() Call When Ready	() Call If Problem	() After 4:30		
(x) Walk In	() Will Wait	(x) Pick Up		
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Verifier				
W P Verifier		Amount: C		

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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 St	atutes, the r	undersigne	d limited
partnership organized under the laws of the state ofDe	laware		, su	bmits the
following statement in order to change its registered off	ice or registered	agent, or b	oth, in the	state of
Florida.				
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			ES	10
1, FelCor/MM Holdings, L.P.			<u>.</u> ≥?	<u> </u>
Name of the limited p	oartnership		N S	(C) [
- N. 5 1000	D00000000		SE	28
2. May 5, 1999 3. 3. Date of filing/registration in Florida	B99000000	ent number as	sioned T	_ <u>₹</u> ;
Date of filling registration in Figure	Docum	ent number as	Signed	
4. The name and address of the present registered agent an	d office:		RA	÷.
			77	, <u> </u>
Corporation Service Company				
1201 Hays Street				
Tallahassee, FL 32301				-
				
5. The name and street address of the successor registered	agent and office:	(P.O. Box <u>n</u>	i <u>ot</u> acceptat	ole)
C T Corporation System				
			-	
c/o C T Corporation System, 1200 South I	ine Island Road			
Plantation, Florida 33324				
Such change was authorized by the general partners.				
		2/27/0	2	
Signature of General Partner		-17-	Date	
Mike Jones, Pursuant to Power of Attorney		ua fou tha a	.harra atata	للم عند الم
Having been named as registered agent and to accept partnership at the place designated in this certificate, I he	service of proces ereby accept the a	ss jor ine a appointment	ove statet as register	a umuea red agent
and agree to act in this capacity. I further agree to compl proper and complete performance of my duties, and I at	y with the provisi	ons of all sto	atutes relat	ive to the
proper and complete performance of my duties, and I ar	n familiar with a	nd accept to	he obligati	on of my
position as registered agent.				
		_ f.		
(/m		4	27/02	
Registered Agent signature			Date	
Michael E. Jones				
Assistant Secretary				

Filing Fee: \$35.00

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

INHSE004(3/95)