

Document Number Only

CT Corporation System  
660 East Jefferson Street  
Tallahassee, FL 32301  
Tel 850 222 1092  
Fax 850 222 7615  
Attn: Jeff Netherton

B99000000374

800003013559-5  
-10/13/99-01038-026  
\*\*\*\*785.00 \*\*\*\*785.00

800003013558-8  
-10/13/99-01038-025  
\*\*\*1000.00 \*\*\*1000.00

CORPORATION(S) NAME

McKibben Hotel Group of Tampa, Florida #4, L.P.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
Acknowledgement \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

10/13/99

CORAFORLP

bxc 10/13/99

RECEIVED  
99 OCT 13 AM 11:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
99 OCT 13 PM 1:44

Florida Department of State, Sandra B. Mortham, Secretary of State

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

1. McKibbon Hotel Group of Tampa, Florida #4, L.P.  
(Name of limited partnership as it is in the home state)

2. \_\_\_\_\_  
(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. Georgia 4. 9/10/99  
(State of Formation) (Date of Formation)

5. C T 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)

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

C T Corporation System

ALLAN FARNELL ASSISTANT SECRETARY

(Agent must sign on this line)

8. 800 Jesse Jewell Parkway, SW, Gainesville, GA 30501

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

800 Jesse Jewell Parkway

Gainesville, GA 30501

McKibbon Hotel Group, Inc.

F93000004385

10. 800 Jesse Jewell Parkway, SW, Gainesville, GA 30501  
(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 canceled or withdrawn.

CONTINUED

12. P. O. Box 1018, Gainesville, GA 30503

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 1<sup>st</sup> day of October, 19 99  
McKIBBON HOTEL GROUP, INC.

By: David J. Hughs  
General Partner  
David J. Hughs, President

STATE OF GEORGIA

COUNTY OF HALL

On this 1<sup>st</sup> day of October, 19 99

David J. Hughs personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

M. Haynes  
(Notary Public Signature)

Marsha Haynes  
(Notary's Printed Name)

Seal

My Commission Expires: April 8, 2003

FILED STATE  
DIVISION OF CORPORATIONS  
99 OCT 13 PM 1:44

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared David J. Hughs, the President of the  
general partner of McKibbon Hotel Group of Tampa, Florida, #4, L.P. Georgia  
 limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 2,000,000.<sup>00</sup>.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 2,000,000.<sup>00</sup>.

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

This 1<sup>st</sup> day of October, 19 99.

McKIBBON HOTEL GROUP, INC.

By: David J. Hughs

General Partner  
 David J. Hughs, President

STATE OF GEORGIA

COUNTY OF HALL

On this 1<sup>st</sup> day of October, 19 99,

David J. Hughs, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

M Haynes  
 (Notary Public Signature)

Marsha Haynes  
 (Notary's Printed Name)

Seal

My Commission Expires: April 8, 2003

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 OCT 13 PM 1:44