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(Requestor's Name)	_
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(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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Special Instructions to Filing Officer:	1

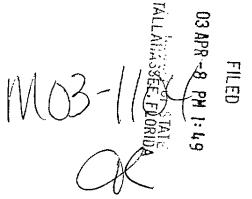
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Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5785742 WO

> Customer Reference 1: 33884 Customer Reference 2: 85

Dear Secretary of State, Florida:

Please file the attached:

Felcor/JPM Hotels, L.L.C. (DE) Registration Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell Fulfillment Specialist Ashley_Mitchell@cch-lis.com

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

ILK.U

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1	FELCOR/JPM HOTELS, L.L.C.
1.	FELCOR/JPM HOTELS, L.L.C. (Name of foreign limited liability company)
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۷.	DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
	company is organized)
4.	APRIL 3, 2003 5. PERPETUAL
•	(Date of Organization) (Duration: Year limited liability company will cease to
	exist or "perpetual")
6.	APRIL 7, 2003
U.	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)
_	
7.	545 E. JOHN CARPENTER FREEWAY, SUITE 1300, IRVING, TEXAS 75062
	(Street address of principal office)
8.	If limited liability company is a manager-managed company, check here
Ω	
У.	The name and usual business addresses of the managing members or managers are as follows:
	The name and usual business addresses of the managing members or managers are as follows: - THOMAS J. CORCORAN, JR., 545 E. JOHN CARPENTER FREEWAY, SUITE 1300, IRVING, TX 75062
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FELCOR/JPM HOLDINGS, L.L.C., SOLE MEMBER

HY: LAWRENCE D. ROBINSON, MANAGER AND SR. VICE PRESIDENT

Typed or printed name of signce

0371

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the limited liability company is: Felcor / JPM Hotels, L.L.C.
2. The name	and the Florida street address of the registered agent are:
	CT Corporation System
	NAME
	1200 South Pine Island <u>Roa</u> d
	Florida street address (P. O. Box NOT ACCEPTABLE)
	Plantation FL 33324
	CITY, STATE AND ZIP
iability compa registered age all statutes rel	camed as registered agent and to accept service of process for the above stated limited any at the place designated in this certificate, I hereby accept the appointment at and agree to act in this capacity. I further agree to comply with the provisions of atting to the proper and complete performance of my duties, and I am familiar with obligations of my position as registered agent.
_	Connie Bryan CONNIE BRYAN SECRETARY

Filing Fee: \$ 35 for Designation of Registered Agent

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FELCOR/JPM HOTELS, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF APRIL, A.D. 2003.



Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2352046

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DATE: 04-07-03