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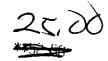
(Red	questor's Name)				
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COVER LETTER

Registration Section
Division of Corporations

TO:

Ashfo SUBJECT:	rd Senior General Pa	artner I	LLC		
30BJEC1:	(Name of For	eign Limi	ted Liability (Company)	
Dear Sir or Madam:					
The enclosed withdra	wal and fee(s) are submitted	d for filing	g.		
Please return all corre	espondence concerning this	matter to	the following	:	
Ruth Shumway					
	(Name of Person)	•	•	•	
Ashford Hospita	ılity				
	(Firm/Company)			•	
14185 Dallas Pa	arkway, Suite 1100				
	(Address)			-	
Dallas, TX 752	54				
	(City/State and Zip Cod	e)		•	F. 2
For further information	on concerning this matter, p	lease call:			TENTASSET FLORID
Ruth Shumway		at (972	490-9600	
(Na	me of Person)			Daytime Telephone Nur	mber)
Registration Division of of Clifton Built 2661 Execut Tallahassee,	Corporations		Regist Division P.O. B	LING ADDRESS: tration Section on of Corporations Box 6327 assee, Florida 32314	ORIGINAL THE
☑ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status		filing Fee & fied Copy	□ \$60 Filing Fee, Certificate of Sta Certified Copy	itus &

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ashford Senior General Partner I LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
06/03/2005
(Date registered with Florida Department of State)
M0500002990
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
SSEE TO TO
(Signature of authorized representative)
David A. Brooks, Vice President
(Typed or printed name of signee)

Filing Fee: \$25.00