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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Jacksonville Lessee Company LLC

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	Jacksonville Lessee Company LLC (Name of Foreign Limited Liability Company)	
	, , , , , , , , , , , , , , , , , , , ,	
2.	Delaware 3. Applied For	
	(Inrisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	March 13, 2006 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	Upag Filian	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	2626 Glenwood Avenue, Suite 200	
	Raleigh, North Carolina 27608	
	(Sireet Address of Principal Office)	
8.	If limited liability company is a manager-managed company, check here	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Barelny Holding, Inc., 2626 Glenwood Avenus, Suite 200, Raleigh, North Carolina 27608	
		•
10	. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having	
	stody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the cer	tificate
	in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	
13	. Nature of business or purposes to be conducted or promoted in Florida: Acquire, develop, finance, own	· · · · · · · · · · · · · · · · · · ·
	and lease a hotel in Jacksonville, Florida, and any other lawful purpose	
	Chilar I. Fasson 3 8	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes	1 1
	an affirmation moder the penalties of purjury that the facts stated herein are true,)	
	Andrew J. Tapscott, Authorized Representative	,
	Typed or printed name of signee	2 A 8
		-3 83897. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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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.

The name of the Limited Liability Company is: Jacksonville Lesses Company LLC		
2. The name	and the Florida street address of the registered agent and office are:	
	C T Corporation System	
	(Name)	
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation, Florida 33324	
	City/State/Zip	
liability compi agent and agr relating to the obligations of	named 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 as registere to act in this capacity. I further agree to comply with the provisions of all statutes proper and complete performance of my duties, and I am familiar with and accept the my position as registered agent as provided for in Chapter 608, Florida Statutes. CT Corporation System	
Ву:	(Signature)	

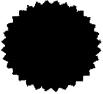
\$ 100.00
\$ 100.00
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\$ 30.00
\$ 5.00
Certified Copy (optional)
\$ 5.00
Certificate of Status (optional)



I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBBY CERTIFY "JACKSONVILLE LESSEE COMPANY LLC" 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 THIRTHENTH DAY OF MARCH, A.D. 2006.

AND I DO HEREET FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JACKSONVILLE LESSEE COMPANY LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2006.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4587996

DATE: 03~13-05

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