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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AU-THORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

Name of foreign limited liability con				
"L.C." if not so contained in the nam				le stank in Florida.
Illinois		3	36-41187	APR 22 AE SS
Jurisdiction under the law of which company is organized)	foreign limited liabilit		(FEI number, if a	priicable) PX
September 19, 1996			10, 2095	於 5: 8:
(Date of Organization)		n: Year limited petual?	liability company	will cease to exist
Upon qualification	on			
(Date first transacted business in	Florida. (See sections 60	8.501, 609.502,	ind 817.156, F.S.)	
400 North Michigan	Avenue, Suite	e 800		
Chicago, Illinois				
	ddress of principal of	(Foo)		
List and indicate in title space nember[MGRM] or manager[provided the name MGR]. It is not no	e, title, and b	ousiness addres list members.	ss ofea c h mana
List and indicate in title space nember[MGRM] or manager[(attach additional page if necessary	provided the name MGR]. It is not no	e, title, and b ecessary to	list members.	
List and indicate in title space nember[MGRM] or manager[attach additional page if necessary	provided the name MGR]. It is not no	e, title, and b ecessary to	ousiness addres list members. ME & ADDRES	
List and indicate in title space nember [MGRM] or manager [lattach additional page if necessary NAME & ADDRESS:	provided the name [MGR]. It is not no) TITLE: Managing Member	e, title, and b ecessary to	list members.	
Listand indicate in title space nember[MGRM] or manager[(attach additional page if necessary NAME & ADDRESS: otel Partners, Inc. On North Michigan Aver	provided the name (MGR]. It is not no) TITLE: Managing Member	e, title, and becessary to	list members.	
Listand indicate in title space nember[MGRM] or manager[(attach additional page if necessary NAME & ADDRESS: otel Partners, Inc. On North Michigan Averuite 800	provided the name (MGR]. It is not no) TITLE: Managing Member	e, title, and becessary to	list members.	
Listand indicate in title space nember[MGRM] or manager[(attach additional page if necessary NAME & ADDRESS: otel Partners, Inc. 00 North Michigan Averuite 800 hicago, Illinois 60611 nternational Hospital:	TITLE: Managing Member page of the name	e, title, and becessary to	list members.	
List and indicate in title space nember[MGRM] or manager[(attach additional page if necessary	TITLE: Managing Member Page Control	e, title, and becessary to	list members.	

Filing Fee: \$ 52.50 for Application

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

			FILE I APR 22 P Che That sale
			Holli Partners
The undersigned m	ember or authorized repre	sentative of a member of	
Latin America	Caribbean, L.L.C.	deposes an	d says:
1) the above named	limited liability company h	as at least two members	
2) the total amount	of cash contributed by the	member(s) is \$	·
3) if any, the agree	d value of property other the control of the contro	han cash contributed by m he property is attached an	ember(s) is d made a part hereto.
4) the total amount \$ 25,000 -	of cash or property anticip This total includes am	pated to be contributed by ounts from 2 and 3 above.	member(s) is
	Hotel Partners, In		
	By: William J. Gud	Menau - Chairman Mulman	
	(In accordance with section 606.406	authorized representative of a m (3), Florida Statutes, the execution of t analities of perjury that the facts stated	his affidevit

Filing Fee: \$ 52.50 for Affidavit

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, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is: Hotel Partners Latin Caribbean, L.L.C.	n America
2.	The name and address of the registered agent and office is: CT Corporation System	FILI 97 APR 22 SEGNETANT TALLAHASSE
	(Nemo) 1200 South Pine Island Road	PM II: 02 EÉ, FÌ ÓÀÍDA
	(P.O. Box or Mail Drop Box NOT acceptable) Plantation, Florida 33324	02 IDA
	(City/State/Zip)	·

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

James M. Halpin, Asst. Secretary

April 21, 1997
(Date)

File Number 0008402-6



To all to whom these presents Shall Come, Greeting:

I, George H. Ryan. Secretary of State of the State of Illinois,

do hereby certify that

HOTEL PARTNERS LATIN AMERICA CARIBBEAN, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 19, 1996, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



In Tre	stimony MI	perrof, I hereto set
		affixed the Great Seal of
		21ST
day of	APRIL	A.D., 19 <u>97</u> .

George H Ryan
SECRETARY OF STATE