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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations Fax Number

: (850)205-0383

Eliza J. Bardin

Account Name

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

: (407)650-1000

Phone

: (407)540-2699

Fax Number

FOREIGN LIMITED LIABILITY COMPAN

CNL Resort Sub Junior Mezz GP, LLC

Certificate of Status	1
Certified Copy	1
Page Count	945
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Sec. 35.

Name

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		
Limited Liability Company)		
ৰ applied for		
on under the law of which foreign limited liability s organized) 3 applied for (FEI number, if applicable)		
5. perpetual		
(Duration: Year limited liability exist or "perpetual")	company will cease to	
	<u> </u>	
ess in Florida, if prior to registration.) 3.502 F.S. to determine penalty liability)	LECH BE	
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:	RY SSE	
Address of Principal Office)		
	es e	
the managing members or managers ar	e as follows:	
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st be submitted)	र य १८४८क्षा कार्किक्केट प	
ucted or promoted in Florida: General	Partnership of	
/		
or an authorized representative of a me	mber.	
	(Duration: Year limited liability exist or "perpetual") less in Florida, if prior to registration.) 3.502 F.S. to determine penalty liability) Address of Principal Office) lanaged company, check here the managing members or managers are than 90 days old, duly authenticated by the office photocopy is not acceptable. If the certificate is it stips submitted.) Letter or promoted in Florida: General or an authorized representative of a me	

an affirmation under the penalties of perjury that the facts stated herein are true.)

Barry A.N. Bloom,

Strok Vac Vac Dear

Typed or printed name of signee

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:

CNL Resort Sub Junior Mezz GP, LLC

2. The name and the Florida street address of the registered agent and office are:

Linda A. Scarcelli		ZE.	1991	
	(Name)	- CRE	M AUG	7
450 S. Orange Avenue		TARY ASSE	6 - 2	-
Florida Street Address (P.O. Box NOT ACCEPTABLE)		F 2	D	
Orlando	FL 32801	STA	Ç	
	City/State/Zip	三师	2u	

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 as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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08/09/2004

CNL Resort Sub Junior Mezz GP, LLC

Board of Managers	Title	
Michael E. Meehan	Independent Manager 445 Broad Holl	ow Rd, Melville, NY 11747
Barry A.N. Bloom	Manager 450 S. Orange Avenue, Orland	lo, FL 32801
John A. Griswold	Manager 450 S. Orange Avenue, Orland	do, FL 32801
Paul H. Williams	Manager 450 S. Orange Avenue, Orland	io, FL 32801

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RESORT SUB JUNIOR MEZZ GP, 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 TENTE DAY OF AUGUST, A.D. 2004.

3840783

040585615

AUTHENTICATION: 3287897

DATE: 08-10-04