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To:

Division of Corporations

Fax Number

(850)205-0383

Betsy Rosa

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Account Name

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000

Fax Number : (407)540-2699

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CNL Income Lake Park, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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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: CNL income Lake Park, LLC (Name of Foreign Limited Liability Company) 3. Applied for 2. DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") Upon qualification (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 450 South Orange Avenue, Orlando, FL 32801-3336 (Street 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: Raymon Byron Carlock, Jr., Tammie A. Quinlan and Charles A. Muller, 450 So. Orange Avenue, Orlando, Florida 32801; and Bernard J. Angelo and Tony Wong, 445 Broad Hollow Road, Suite 239, Melville, NY 11747 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the conficate under onth of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Management Signature of a member or an authorized representative of a member. (In adjordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tammie A. Quinlan, Manager

Typed or printed name of signee

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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.

1.	The name	of the	Limited	Liability	Company	/ is:
**	T TTO THIRTY	AT MIA	₩1711100	WILLIAM TETTA	-vinnew]	A-7-7

CNL	Income	Lake	Park,	LLC
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7	'l'be name	snd the	· Florida etra	ef addirect	of the register	ed ament and	office ore:
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Linda A. Scarcelli
(Name)

450 South Orange Avenue, Orlando, FL 32801-3336

Florida Street Address (P.O. Box NOT ACCEPTABLE)

FL 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 as provided for in Chapter 608, Florida Statutes.

Son (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SEGRETARY OF STATE OF

Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME LAKE PARK, 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 TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "CNL INCOME LAKE PARK, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2006.

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

4241860 8300 060986805 Variet Smith Windsor, Secretary of State 1

AUTHENTICATION: 5151608

DATE: 10-27-06

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11/02/2006 12:15 FAX