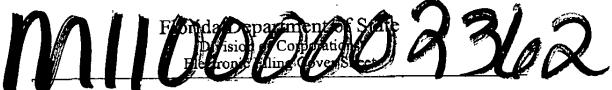
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To:

Division of Corporations

Pax Number

: (850)617-6383

Prom:

LINDA A. SCARCELLI

Account Name Account Number : 113615003626

: CNL FINANCIAL GROUP, INC.

Phone

(407)650-1000

Pax Number

- (407)540-2699

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	linda scarcelli@cnl.com	

## Foreign Limited Liability Company GR-105 Long Point Venture, LLC

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Certificate of Status	0
Certified Copy	1
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EXAMINER

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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 I IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF I LORIDA:

I. GR-105 Long Point Venture, LLC  (Name of Forcign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  (FEI number, if applicable)
4. April 25, 2011  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6. 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 So. Orange Avenue
Orlando, FL 32801  (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:
GR-105 LPHC, LLC, 450 So. Orange Avenue, Orlando, FL 32801
Lillian Wong, One North Wacker Drive 7th Floor Chicago IL 60606
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 certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Owner/lessor of commercial real estate
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 an affirmation under the
penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Linda A. Scarcelli

Typed or printed name of signce

H11000126549 3

## 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:			
GR-105 Long Point Venture, LLC			_
If unavailable, the alternate to be used in the state of Florida is:			
	<u> </u>		_
2. The name and the Florida street address of the registered agent and office are:		HAY -9	
Linda A. Scarcelli		3= 3K	m
(Name)		ö	
450 So, Orange Avenue		<u>5</u>	
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
Orlando <sub>FL</sub> 32801			
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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)

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



## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GR-105 LONG POINT VENTURE, 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-SIXTH DAY OF APRIL, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GR-105 LONG POINT VENTURE, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF APRIL, A.D. 2011.

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

4973052 8300

TCATION: 8716575

DATE: 04-26-11