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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

AMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 650-1065

AL

FOREIGN LIMITED PARTNERSHIP

HMA Hotel Partners, LP

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$148.75

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Florida Department of State, Sandra B. Mortham, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. HMA HOTEL PARTNERS, LP
(Name of limited partnership as it is in the home state)
2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")
3. Delaware 4. August 21, 2001
(State of Formation) (Date of Formation)

5. C. Brian Strickland
(Name of Registered Agent for Service of Process)

6. 450 S. Orange Avenue
(Street Address of Registered Office)

Orlando, Florida 32801-3336
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

C. Brian Strickland
(Agent must sign on this line)

8. 450 S. Orange Avenue

Orlando, FL 32801-3336
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

HMA HOTEL GP, LLC450 S. Orange Avenue, Orlando, FL 32801-3336

10. 450 S. Orange Avenue, Orlando, FL 32801-3336
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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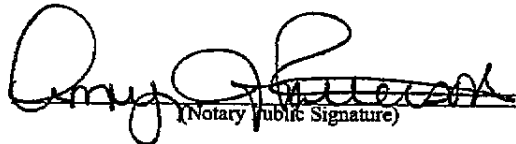
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12. P.O. Box 4920

Orlando, FL 32801-4920

(Mailing Address of Limited Partnership)

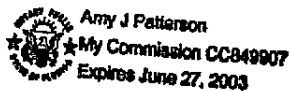
Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 28th day of August, 19 2001C. Brian StricklandSTATE OF FLORIDACOUNTY OF ORANGEOn this _____ day of _____, 19 2001C. Brian Strickland personally appeared before me,☒ who is personally known to me☐ whose identity I proved on the basis of _____
(Notary Public Signature)Amy J. Patterson

(Notary's Printed Name)

Seal

My Commission Expires: _____



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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared HMA HOTEL GP, LLC
a general partner of HMA HOTEL PARTNERS, LP, a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$4975.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 85,500,000.00

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 28th day of August, 2001.

By: HMA Hotel GP, LLC, its GP

C. Brian Strickland
By: C. Brian Strickland, Authorized Officer

STATE OF FLORIDA

COUNTY OF ORANGE

On this 28th day of August, 2001.

C. Brian Strickland, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

Amy J. Patterson
(Notary Public Signature)

Amy J. Patterson
(Notary's Printed Name)

Notary Seal: Amy J. Patterson
My Commission CC849907
Expires June 27, 2003

My Commission Expires: