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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

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From:

SUZANNE M. McLAUGHLIN

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone : (407) 650-1000

Fax Number : (407) 650-1065

FOREIGN LIMITED PARTNERSHIP

CNL IHC Partners, LP

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

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 22, 2001

CNL FINANCIAL GROUP, INC.

SUBJECT: CNL IHC PARTNERS, LP
REF: W01000024347

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We have rejected your LLC filing for the second time, and this filing cannot be completed until the LLC filing is active.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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

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

1. CNL IHC 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. 10/10/2001
(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, FL 32801
(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

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

CNL IHC, LLC, 450 S. Orange Ave, Orlando FL 32801

10. 450 S. Orange Avenue, Orlando FL 32801

(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.

CONTINUED

01 OCT 22
FLORIDA STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. PO Box 4920, Orlando FL 32802-4920

(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 18th day of October, 2001

By: CNL IHC, LLC, as General Partner

By: C. Brian Strickland as Member of CNL IHC, LLC

General Partner

C. Brian Strickland, SVP of Finance & Administration of Member

STATE OF FLORIDACOUNTY OF ORANGEOn this 18th day of October, 2001C. Brian Strickland

personally appeared before me,

☒ who is personally known to me☐ whose identity I proved on the basis of _____01 OCT 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(Notary Public Signature)

SUZANNE M. McLAUGHLIN

(Notary's Printed Name)

Suzanne M. McLaughlin
My Commission CC972520
Expires October 03, 2004

Seal

My Commission Expires: _____

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

C. Brian Strickland, SVP of Finance & Administration of
CNL Hospitality Properties, Inc., as Member of CNL IHC,
BEFORE ME the undersigned personally appeared LLC, as General Partner
a general partner of CNL IHC 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 \$ 4,975.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0

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 18th day of October, 2001

By: CNL IHC, LLC, as General Partner

By: CNL Hospitality Properties, Inc., as Member of General Partner

C. Brian Strickland
General Partner

C. Brian Strickland, SVP of Finance & Administration of Member

STATE OF FLORIDA

COUNTY OF ORANGE

On this 18th day of October, 2001

C. Brian Strickland

, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Suzanne M. McLaughlin
(Notary Public Signature)

SUZANNE M. McLAUGHLIN

(Notary's Printed Name)

Seal



Suzanne M. McLaughlin
My Commission CC972520
Expires October 03, 2004

My Commission Expires: