

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 205-0383

AMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

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

Fax Number : (407)650-1065

## FOREIGN LIMITED PARTNER

CNL DRR Investor LP

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

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

CNL DRR Investor LP			
(Name of limited	partnership as it is in the home state)		
,	_		
If name is unavailable, name under which the lin must contain t	nited partnership proposes to register or transact business in Floric he word "LIMITED" or "LTD.")		
Delaware	4. October 31, 2000		
(State of Formation)	(Date of Formation)		
Linda A. Scarcelli			
(Name of Regist	ered Agent for Service of Process)		
<sub>6.</sub> 450 S. Orange Avenue			
(Street A	ddress of Registered Office)		
Orlando	, Florida 32801-3336		
(City)	(Zip Code)		
, · · · ·	ent must sign on this line)		
450 S. Orange Avenue			
Orlando, FL 32801-3336	<u> </u>		
(Address of registered office required in su	ate of formation or, if not required, address of principal office.)		
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS		
CNL Phoenix GP Corp. 450 S	S. Orange Avenue, Orlando, FL 32801-3336		
10, 450 S. Orange Avenue, Orlando,	· · · · · · · · · · · · · · · · · · ·		
(Office where Names, Addresso	s and Contributions of Limited Partners are kept.)		

CONTINUED

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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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12. P.O. Box 4920	
Orlando, FL 32802-4920	<del>-</del>
(Mailing Address of Li	mited Parmership)
Under penalties of perjury I, being duly sworn, declare that I and that the facts stated herein are true and correct.	have read the foregoing and know the contents thereof
Signed this 31st day of October	2002
By: CNL Phoenix GP Sorp., as Ge	eneral Partner
By: Linda A. Scarcelli, Assista	ant Secretary of General Partner
COUNTY OF ORANGE	<del>-</del>
On this 31st day of October	, 2002
Linda A. Scarcelli, Assistant Secretary of the	GP personally appeared before me,
who is personally known to me	<del></del>
whose identity I proved on the basis of	
(Nymary Public Signat	
Amy J. Patterson (Notary's Printed Nam	Amy J Patterson  Amy J Patterson  Depice June 27, 2003
Seal My Commission Expires:	<del></del>

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## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP $\_$

BEFORE ME the undersigned personally appeared	Linda A. Scarce	lli, Assistant Secretary of th	ne
a general partner ofCNL DRR Investor LP		, a (an) Delaware	<u></u>
			<del></del> ·
limited partnership, hereinafter referred to as the "Pa	mmership", who cerum	es as tottows:	
1. The amount of capital contributions of the limited	d partners is \$ <u>4950.</u>	00	
2. The anticipated amount of the capital contribution	ns of the limited partne	rs that are allocated for the purpose	ş of
transacting business in Florida is 3	<b></b>	<del>-</del> -	
Under the penalties of perjury I, being duly sworn,	declare that I have read	I the foregoing and know the conte	ets thereof and
that the facts stated herein are true and correct.			
24 - i Ostobor	7003		
Signed this 31st day of October		<u>=</u>	
By: CNL Phoenix GP	Corp., as Gene	eral Partner	
~ /	71		
and	X Carrell		
By: Linds A. Scarc	elli. Assistant	Secretary of General	Partner
CLODIDA			
STATE OF FLORIDA	, <b>*</b>	<del>-</del> · " ·	•
COUNTY OF ORANGE	—	=	
On this 31st day of	October	2002	
On this day of			: 4
Linda A. Scarcelli, Assistant Secretary	of GP	ersonally appeared before me,	
	£	ctionarily appointed perone met	
who is personally known to me		3	
whose identity I proved on the basis of			
- whose thousand I proved on the odes of			
			-
		<del>==</del>	
Month Public Signature)	<del></del>	Any J Petterson	
V		*** Commission Coarcome	
Amy J. Patterson		Expires June 27, 2003	
(Notary's Printed Name)		- ".	.,
See Management Company			
Scal My Commission Expires:			