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To:

Division of Corporations

Fax Number : (850) 205-0383

Erom:

SUZANNE M. McLAUGHLIN

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)650-1065 RECEIVED

03 AUG 15 PM 12: 15

11 JISJUH OF LURPORATION

FOREIGN LIMITED PARTNERSHIP

CNL Crystal City II Hotel, LP

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$148.75

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

(Name o	of limited partnership as it is in the home state)	•
2. (If name is unavailable, name under whi must	ch the limited partnership proposes to register or transact business in Florida; contain the word "LIMITED" or "LTD.")	. ~
Delaware	4, 07/17/2003	
(State of Formation)	(Date of Formation)	·
Linda A. Scarcelli		
(Name	of Registered Agent for Service of Process)	. =
6. 450 S. Orange Avenue		
	(Street Address of Registered Office)	€रस्य .
Orlando	Florida 32801	
(City)	(Zip Code)	 ,
450 S. Orange Avenue, Orla	(Agent must sign on this line) ando FL 32801	03 AU
(Address of registered office requi	red in state of formation or, if not required, address of principal office.)	
). Names of General Partners	STREET ADDRESS	<u> </u>
CNL Crystal City II Hotel GP,	LLC, 450 S. Orange Avenue, Orlando FL 32801	PM 12: 31
	>	
		15.00 E - 2

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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

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PO Box 492	0, Orlando FL 32802-4920	0			
	(Mailing Address	s of Limited Partnersh	ip)		
	rjury I, being duly sworn, declare ed herein are true and correct.	that I have read the fo	regoing and know the conte	ents thereof	
Signed this 6th	day of Avgust		2003		
STATE OF FLO	Thomas J. Hunchison In	ral Pariner II, Mahager of	General Partner		
COUNTY OF OR	ANGE				—
On this (c	August August	, 2003			
Thomas J. Hute	chison III		_ personally appeared befor	re me,	
who is personally	known to me			•	
whose identity I p	roved on the basis of			 2 2 2 2 3	
	Example Minotery Sublice	highe:		CRE1/19/(C	
Suzanne M MoLaughlin M My Commission CC9725 Expires October 03, 2004	SUZANNE M. McL. (Notary's Printed	AUGHIN I Name	_		e 대는 5 2
Seal	My Commission Expires:				

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared	Thomas J. I CNL Crystal (Butchison III, Manager of City II Hotel GP, LLC	_
a general partner of CNL Crystal City II Ho	otel, LP	, a (an) Delaware	
limited partnership, hereinafter referred to as the "F			
1. The amount of capital contributions of the limits	ed partners is \$ 45	,000,000	
2. The anticipated amount of the capital contribution	ons of the limited pa	rtners that are allocated for the purposes	of
transacting business in Florida is \$ 4,975			
Under the penalties of perjury I, being duly sworn,	declare that I have i	read the foregoing and know the conten	is thereof and
that the facts stated herein are true and correct.			
Signed this day of August Thomas J. Huto	General Partner	anager of General Partner	
STATE OF FLORIDA	U		72 C3
COUNTY OF ORANGE		,,,	
, ;	_ August	, 2003	Ness A
Thomas J. Hutchison III		, personally appeared before me,	
	•	_ potentially appointed outside the,	
who is personally known to me			22
whose identity I proved on the basis of			
•			
Statut Halle Signature)			
SUZANNE M. McLAUGHLIN (Notary's Printed Name)			٠ - مويد
Seal My Commission Expires:		:· -	

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Delaware PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL CRYSTAL CITY II HOTEL, LP" 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 SEVENTEENTH DAY OF JULY, A.D. 2003.



AUTHENTICATION: 2533221

DATE: 07-17-03

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