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To:

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

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

Indianapolis Hotel Partners, LP

Certificate of Status	1
Certified Copy	1
Page Count	04
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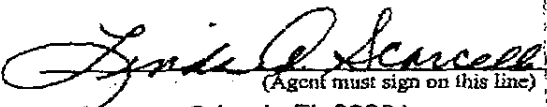
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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

AND
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10-21-03

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

1. Indianapolis 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. 10/10/2003
(State of Formation) (Date of Formation)
5. Linda A. Scarcelli
(Name of Registered Agent for Service of Process)
6. 450 S. Orange Avenue
(Street Address of Registered Office)
- Orlando Florida 32801
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:

(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 |
|--|----------------|
| <u>Indianapolis Hotel GP, LLC, 450 S. Orange Ave, Orlando FL 32801</u> | |
| <u>MB 0000034108</u> | |
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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

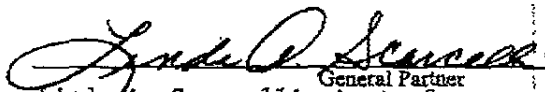
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TALLAHASSEE, FLORIDA

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.

Signed this 15th day of October, 2003Linda A. Scarcelli, General Partner
Asst. Secretary of General Partner

STATE OF

FLORIDACOUNTY OF ORANGEOn this 15th day of October, 2003Linda A. Scarcelli

personally appeared before me,

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

(Notary Public Signature)

Suzanne M. McLaughlin
My Commission CC972520
Expires October 03, 2004Suzanne M. McLaughlin
(Notary's Printed Name)

Seal

My Commission Expires: _____

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CLERK OF CIRCUIT COURT
IN AND FOR FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Linda A. Scarcelli, Assistant Secretary
Indianapolis Hotel GP, LLC
 a general partner of Indianapolis 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 \$ 50,000,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 4,975.00

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.

Signed this 15th day of October, 2003.



General Partner
 Linda A. Scarcelli, Asst. Secretary of General Partner

STATE OF FLORIDA

COUNTY OF ORANGE

On this 15th day of October, 2003.

Linda A. Scarcelli, personally appeared before me,

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

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 (Notary Public Signature)

Suzanne M. McLaughlin
 (Notary's Printed Name)

Seal My Commission Expires: _____



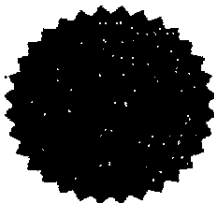
Suzanne M. McLaughlin
 My Commission CC972520
 Expires October 03, 2004

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INDIANAPOLIS HOTEL PARTNERS, 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 TENTH DAY OF OCTOBER, A.D. 2003.

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2684300

DATE: 10-10-03

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