

06/16/2004 1:22 PM

Division of Corporations

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To:

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

From:

Eliza J. Bardin

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 650-1000 540-2699

RECEIVED

04 JUN 16 AM 8:03

DIVISION OF CORPORATION

FOREIGN LIMITED PARTNERSHIP

CNL Hotel Del Partners, LP

Certificate of Status	1
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Estimated Charge	\$148.75

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

FILED
2004 JUN 16 AM 10:26
JUDICIAL DEPARTMENT
TALLAHASSEE, FLORIDA

1. CNL Hotel Del 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. 12/09/2003
(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:
Linda A. Scarcelli
By: [Signature]
(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
M04000002175
CNL Hotel Del Partners GP, LLC 450 S. Orange Avenue, Orlando, FL 32801
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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

06/16/2004 16:22 FAX

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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.

Signed this 9 day of June, 2004

John A. Griswold General Partner
John A. Griswold as President of ONE Hotel Del Partners GP, LLC

STATE OF Florida

COUNTY OF Orange

On this 9 day of June, 2004

John A. Griswold, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Eliza J. Bardin
(Notary Public Signature)

Eliza J. Bardin
(Notary's Printed Name)



Eliza J. Bardin
My Commission 00300751
Expires March 16, 2008

Seal

My Commission Expires: _____

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared John A. Griswold as President of CNL Hotel Del a general partner of CNL Hotel Del Partners, LP, a (an) Delaware Partners GP, LLC limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 235,000,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 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 9 day of June, 2004.


General Partner
John A. Griswold as President of CNL Hotel Del Partners GP, LLC

STATE OF Florida

COUNTY OF Orange

On this 9 day of June, 2004.

John A. Griswold, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Eliza J. Bardin
(Notary's Printed Name)



Eliza J. Bardin
My Commission DD300751
Expires March 15, 2008

Seal My Commission Expires: _____