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Florida Department of State  
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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) 650-1065 **540-2699**

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DIVISION OF CORPORATION

**FOREIGN LIMITED PARTNERSHIP**

**CNL Hotel Del Junior Mezz Partners, LP**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 1        |
| Page Count            | 04       |
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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. CNL Hotel Del Junior Mezz 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 |
|---------------------------------------------------|----------------|
| <u>#M04000002180</u>                              |                |
| <u>CNL Hotel Del Junior Mezz Partners GP, LLC</u> |                |
| <u>450 S. Orange Avenue, Orlando, FL 32801</u>    |                |
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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

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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  
STATE OF Florida John A. Griswold as President of CNL Hotel Del Junior Mezz Partners  
GP, LLC

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  
Notary Public - State of Florida  
Commission No. 00300781  
Expires March 16, 2006

Seal

My Commission Expires: \_\_\_\_\_

# **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 Junior Mezz Partners, LP, Junior Mezz Partners GP, LLC  
, 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 \$ 125,000,000.00
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 Junior Mezz  
 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 18, 2008

Seal My Commission Expires: \_\_\_\_\_