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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) 650-1865 540-2699

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FOREIGN LIMITED PARTNERSHIP

CNL Resort Arizona Holdings I, LP

Certificate of Status	1
Certified Copy	1
Page Count	04 5
Estimated Charge	\$148.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\$4,995.00

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

1. CNL Resort Arizona Holdings I, 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 (State of Formation) 4. 11-20-00 (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 (City) Florida 32801 (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
Linda A. Scarcelli  
By: *Linda A. Scarcelli*  
(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  
CNL Resort Hospitality GP, LLC 450 S. Orange Avenue, Orlando, FL 32801  
M04000001645
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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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12 PO Box 4920, Orlando, FL 32801

(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 23 day of June, 2004



General Partner

Barry A. N. Bloom as SVP of CNL Resort Hospitality GP, LLC as GP  
STATE OF Florida

COUNTY OF Orange

On this 23 day of June, 2004

Barry A. N. Bloom, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

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FLORIDA  
SECRETARY OF STATE

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(Notary Public Signature)

Eliza J. Hardin

(Notary's Printed Name)



Eliza J. Hardin  
My Commission DD309751  
Expires March 16, 2006

Seal

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

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# **AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Barry A. N. Bloom, as SVP of CNL Resort Hospitality GP, LLC,  
a general partner of CNL Resort Arizona Holdings I, 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 \$ 5000.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 4995.00.

*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 23 day of June, 2004.



General Partner  
Barry A. N. Bloom as SVP of CNL Resort Hospitality GP, LLC as GP

STATE OF Florida

COUNTY OF Orange

On this 23 day of June, 2004.

Barry A. N. Bloom, 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 00260751  
Expires March 16, 2005

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

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# Delaware

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*The First State*

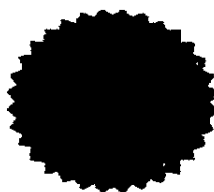
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RESORT ARIZONA HOLDINGS I, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF APRIL, A.D. 2004.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 3031590

DATE: 04-02-04