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To: Attn: Diane

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)-650-1005 540-7699

### FOREIGN LIMITED PARTNERSHIP

CNL Resort Arizona Holdings IX, LP

| Mathe<br>Armianifity   |     | Certificate of Status | 1        |
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## APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

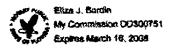
| 1. CNL Resort Arizona H   | ioldings IX, LP          |                              |                          |                         |
|---------------------------|--------------------------|------------------------------|--------------------------|-------------------------|
|                           | (Name of limited         | l partnership as it is in th | ne home state)           |                         |
|                           |                          |                              |                          |                         |
| Σ.                        |                          |                              |                          |                         |
| If name is unavailable, m | ame under which the lij  | mited partnership propo      | ses to register or trans | sact business in Florid |
|                           | must contain             | the word "LIMITED" o         | r "LID.")                |                         |
| Delaware                  |                          | 4, 11-20-00                  |                          |                         |
| (State of Fo              | rmation)                 | 4, 11-20-00                  | (Date of Forma           | nion)                   |
| ·                         | ·                        |                              | •                        | •                       |
| <b>5</b> .                | Linda A. Scarcell        | i                            |                          |                         |
|                           | (Name of Regist          | tered Agent for Service      | of Process)              |                         |
|                           |                          |                              |                          |                         |
| 450 S. Orange Avenue      |                          |                              |                          |                         |
|                           | (Street A                | Address of Registered O      | ffice)                   | Sto 13                  |
| ~                         |                          |                              |                          |                         |
| Orlando                   | (City)                   | , Fic                        | orida 32801              |                         |
|                           | (City)                   |                              | (Zip C                   | lode)                   |
|                           |                          |                              |                          | 13.7X 00                |
| . Acceptance by the Regi  | stered Agent for Service | ce of Process:               |                          | <u> </u>                |
| Lin                       | da A. Scarcelli          | $\sim$ 0                     |                          | ي پي                    |
| By                        | - Kindly                 | 1 Samo                       | 0.                       |                         |
|                           | Age                      | nt must sign on this line    | )                        | <u>~</u> ~              |
| , 450 S. Orange Avenue    | Odania El 22001          |                              |                          | •                       |
| , 430 3. Olange Avenue    | , Ottando, FL 32801      |                              |                          |                         |
|                           |                          |                              |                          |                         |
| (Address of register      | ed office required in st | ate of formation or, if ne   | ot required, address o   | f principal office.)    |
|                           | 1 D 4 D 27 27 D C        |                              | . Compression Assessed   | FEE                     |
| . NAMES OF GENERA         | L PAKINERS               |                              | STREET ADDR              | E22                     |
|                           |                          |                              |                          |                         |
| CNL Resort Hospitality    | GP, LLC 450              | S. Orange Avenue, Orla       | mdo, FL 32801            | <del></del>             |
|                           |                          |                              |                          |                         |
|                           |                          |                              |                          |                         |
|                           |                          |                              |                          |                         |
|                           |                          |                              |                          |                         |
|                           |                          | <del></del>                  |                          | <del></del>             |
|                           |                          |                              |                          |                         |
|                           |                          |                              |                          |                         |
| 0, 450 S. Orange Avenu    | e, Orlando, FL 32801     |                              |                          |                         |
| (Office)                  | where Names, Address:    | es and Contributions of      | Limited Partners are I   | kept )                  |

CONTINUED

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.

| 2 PO Box 4920, Orlando, FL 32801   | <u> </u>                              |  | - 77 <u>t</u> <u>\$=</u>                       |       |
|--|---------------------------------------|--|--|-------|
| ·  | <u>_ :</u>                            | <u>.</u>                               | <u> </u>                                       |       |
| (Mailing Add   | ress of Limited Parme                 | rship)                                 |  |       |
| nder penalties of perjury I, being duly sworn, declar<br>ad that the facts stated herein are true and correct. | are that I have read tha              | foregoing and k                        | now the contents the                           | ereof |
| igned this 23 day of June  |                                       | , 2004                                 | <u> </u>                                       |       |
| 35   | 2                                     |  | <del>_</del> :                                 |       |
| Barry A. N. Bloom  | Seneral Partner<br>as SVP of CNL 1    | Resort Hosp                            | itality GP,                                    | LLC   |
| FATE OF Florida  | <u></u>                               |  |  |       |
| OUNTY OF Orange  | <u>-</u>                              | r <sub>e</sub> g a sam                 | e ·  |       |
|  |                                       |  | ' سي   |       |
| On this 23 day of June   | , 2004                                | - <u></u>                              |  | •     |
| Barry A. N. Bloom  |                                       | neršinaliv a                           | ppeared before me,                             | -     |
|  | · · · · · · · · · · · · · · · · · · · |  | (4) (5)  | :     |
| who is personally known to me  |                                       |  | ुन्न च   |       |
| whose identity I proved on the basis of  |                                       |  | w <del>===</del> w                             |       |
| whose identity i proved on the basis of  |                                       | ······································ |  | _     |
|  | <u> </u>                              |  | <u>:                                      </u> |       |
| E C Notary File  | Baul<br>dic Signature)                | 4                                      | , <del>-</del>                                 |       |
| Eliza J. Bardin  | inted Name)                           | ·                                      | _  |       |



My Commission Expires:

Scal

## 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 IX, LP , 2 (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 Z3 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 DD300761  Expires March 18, 2008                    |
| Seal My Commission Expires:  |

# Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RESORT ARIZONA HOLDINGS IX, 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.



3318818 8300

040238290

Harriet Smith Hinden

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3031921

DATE: 04-02-04