

Jun-28-04 12:49P

P.01

08/28/2004 15:55 F  
Division of Corporations

001  
Page 1 of 1

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To:

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

Eliza J. Bardin

From:

Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407) 650-1000  
Fax Number : (407) ~~650-1065~~ **540-2697**

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**FOREIGN LIMITED PARTNERSHIP**

**CNL Resort Hawaii Holdings IV, LP**

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

04 JUN 28 PM 1:45  
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06/28/2004 15:56 FAX

0002

H04000134596 3

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

1. CNL Resort Hawaii Holdings IV, 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. 11-30-98  
(State of Formation) (Date of Formation)

5. Linda A. Scarcelli  
(Name of Registered Agent for Service of Process)

6. 450 S. Orange Avenue, Orlando, FL 32801  
(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  
(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
<u>M04-1645</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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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04 JUN 28 PM 1:45

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Jun-28-04 12:50P

P.03

06/28/2004 13:56 FAX

004000134596 3

12. PO Box 4920, Orlando, FL 32802

(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  
CP, LLC as CP

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 \_\_\_\_\_



Eliza J. Bardin  
My Commission DD300751  
Expires March 16, 2006

Eliza J. Bardin  
(Notary Public Signature)

Eliza J. Bardin  
(Notary's Printed Name)

Seal

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

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Jun-28-04 12:50P

P.04

06/28/2004 15:56 FAX

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804000134596 3

## 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 Hawaii Holdings IV, 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)

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



Eliza J. Bardin  
My Commission DD309761  
Expires March 18, 2008

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Jun-28-04 12:50P

P.05

06/28/2004 13:56 FAX

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H04000134596 3

# Delaware

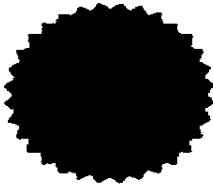
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RESORT HAWAII HOLDINGS IV, 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 SHON, AS OF THE SECOND DAY OF APRIL, A.D. 2004.

2972144 8300

040238342



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 3031731

DATE: 04-02-04

H04000134596 3