

06/28/2004 15:53 FAX

Division of Corporations

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Florida Department of State
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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 **540-2699**

FOREIGN LIMITED PARTNERSHIP

CNL Resort Hawaii Holdings III, LP

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

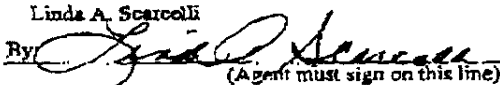
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DIVISION OF CORPORATIONS
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. CNL Resort Hawaii Holdings III, 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 
(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
m04-1645
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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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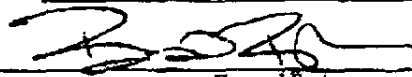
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12 PO Box 4920, Orlando, FL 32802

(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
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 Expires
March 16, 2007
04/28 PM 1:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 III, 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 00000961
Expires March 10, 2006

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Delaware

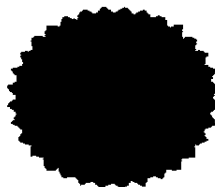
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The First State

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

2972143 8300

040238335



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3031724

DATE: 04-02-04

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