

08/12/2004 08:37 FAX

Division of Corporations

0001

Page 1 of 1

B04000000343

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000165712 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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) 540-2699

RECEIVED

07 AUG 12 AM 11:54

DIVISION OF CORPORATIONS

FOREIGN LIMITED PARTNERSHIP

CNL Resort Senior Mezz, LP

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

Electronic Filing Menu

Corporate Filing

Public Access Help

J. BRYAN AUG 13 2004

H04000165712 3

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

FILED
2004 AUG 12 AM 9:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. CNL Resort Senior Mezz, 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. 8/10/04

(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)

Florida32801

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:



(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

M04000003234CNL Resort Senior Mezz GP, LLC450 S. Orange Ave., Orlando, FL 3280110. 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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

H04000165712 3

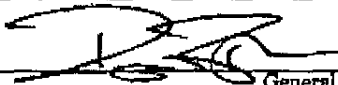
H04000165712 3

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 11 day of August, 2004



General Partner

STATE OF Florida

Barry A.N. Bloom, SVP of CNL Resort Senior Mezz GP, LLC

COUNTY OF Orange

On this 11 day of August, 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 DD306751
Expires March 16, 2008

H04000165712 3

H04000165712 3

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

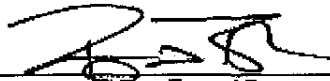
BEFORE ME the undersigned personally appeared Barry A.N. Bloom, SVP of CNL Resort Senior Mezz GP, LLC
a general partner of CNL Resort Senior Mezz, LP, a (an) Delaware

limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 5,000,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 4,995.00.

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 11 day of August, 2004.



General Partner

Barry A.N. Bloom, SVP of CNL Resort Senior Mezz GP, LLC

STATE OF Florida

COUNTY OF Orange

On this 11 day of August, 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 DD000751
Expires March 18, 2008

Seal My Commission Expires: _____

H04000165712 3