

09/29/2004 09:39 FAX

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Florida Department of State
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To:

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

From:

Kathleen M. Walkling
Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 540-2699

RECEIVED

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DIVISION OF CORPORATIONS

FOREIGN LIMITED PARTNERSHIP

CNL DMC, LP

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
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SECTION OF 11:06 AM
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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. CNL DMC, 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. 9/23/04
(State of Formation) (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, Florida 32801
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:
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 |
|------------------------------|---|
| <u>CNL INCOME GP CORP.</u> | <u>450 S ORANGE AVENUE, ORLANDO, FL 32801</u> |
| <u>F04-5502</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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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DIVISION OF CORPORATE AFFAIRS

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12. PO BOX 4920

ORLANDO, FL 32802-4920

(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 28 day of September, 2004
By: Tammie A. Quinlan, Manager of the GP CNL DMC GP, LLC

General PartnerSTATE OF FLORIDACOUNTY OF ORANGEOn this 28 day of SEPTEMBER, 2004TAMMIE A. QUINLAN, personally appeared before me,☒ who is personally known to me☐ whose identity I proved on the basis of _____

Kathleen M. Walkling
My Commission DD224959
Expires June 22, 2007

Kathleen M. Walkling
(Notary Public Signature)

KATHLEEN M. WALKLING
(Notary's Printed Name)

Seal

My Commission Expires: _____

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DIVISION OF CORPORATIONS

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Tammie A. Quinlan, Manager of CNL DMC GP, LLC
a general partner of CNL DMC, 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 \$ 4,995.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 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 28 day of September, 2004.

By: Tammie A. Quinlan, Manager of CNL DMC GP, LLC

General Partner

STATE OF FLORIDA

COUNTY OF ORANGE

On this 28 day of September, 2004.

Tammie A. Quinlan, personally appeared before me,

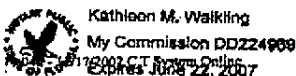
☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Kathleen M. Walkling
(Notary Public Signature)

Kathleen M. Walkling
(Notary's Printed Name)

Seal My Commission Expires: _____



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