

Florida Department of State  
Division of Corporations  
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To:

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

From:

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

FOREIGN LIMITED PARTNERSHIP

CNL Income GW WI-DEL, LP

|                       |            |
|-----------------------|------------|
| Certificate of Status | 1          |
| Certified Copy        | 0          |
| Page Count            | 03         |
| Estimated Charge      | \$1,793.75 |

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TC  
\$42,000,000.00

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

1. CNL INCOME GW WI-DEL, 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. 10/7/05  
(State of Formation) (Date of Formation)

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

6. 450 S. ORANGE AVE.  
(Street Address of Registered Office)

Orlando, \_\_\_\_\_, Florida 32801  
(City) (Zip Code)

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

*Linda A. Scarcelli*  
(Agent must sign on this line)

8. 450 S. Orange Ave.  
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 Income GW WI-DEL GP, LLC 450 S. Orange Ave., Orlando FL 32801  
m05000005882

10. 450 S. Orange Ave., 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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

H05000251470 3

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H05000251470 3

12, P.O. 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 14th day of October, 2005

Linda A. Scarcelli  
General Partner

STATE OF Florida

COUNTY OF Orange

On this \_\_\_\_\_ day of October, 2005

Linda A. Scarcelli, Ass. Sec. of CNL Income GW WE-DEL GP, LLC, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

2005 OCT 26 A 051  
TALLAHASSEE  
SECRETARY OF STATE

Betty Ross  
(Notary Public Signature)



Seal

My Commission Expires: 6/9/2009

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H05000251470 3

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Linda A. Scarcelli, Asst. Sec. of CNL Income GW WI-DEL GP, LLC,  
a general partner of CNL INCOME GW WI-DEL, 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 \$ 60,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 42,000,000.

*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 14th day of October, 2005.

Linda A. Scarcelli  
General Partner

STATE OF Florida

COUNTY OF Orange

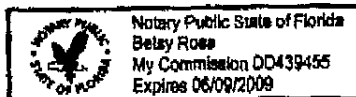
On this 14th day of October, 2005

Linda A. Scarcelli, Asst. Sec. of CNL Income GW WI-DEL GP, LLC, personally appeared before me

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

2005 OCT 26 A 3:51  
STATE OF FLORIDA  
NOTARY PUBLIC  
TALLAHASSEE, FLORIDA

Betsy Rose  
(Notary Public Signature)



(Notary's Printed Name)

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

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