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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

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DIVISION OF CORPORATION

FOREIGN LIMITED PARTNERSHIP

CNL Income GW Sandusky Tenant, LP

Certificate of Status	1
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TALLAHASSEE FLORIDA

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

1. CNL Income GW Sandusky Tenant, 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. 10/7/2005 (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, (City), Florida 32801 (Zip Code)

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

_____
(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 Tenant GP, LLC 450 S. Orange Ave., Orlando, FL 32801

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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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

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 2nd day of November, 2005.

ASSISTANT SECRETARY & P General Partner

STATE OF Florida

COUNTY OF Orlando, FL 32801

On this _____ day of November, 2005,

Linda A. Scarcelli, Asst. Sec.of CNL Income GW Tenant GP, LLC, the GP, personally appeared before me,

☑ who is personally known to me

☐ *whose identity I proved on the basis of* _____

Betsy Rosa
(Notary Public Signature)

Notary Public State of Florida
Betsy Rosa
My Commission DD439455
Expires 06/09/2009

Betsy Rosa
(Notary's Printed Name)

Seal My Commission Expires: _____

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Linda A. Scarcelli, Asst. Sec. of CNL Income GW Tenant GP, LLC, a general partner of CNL Income GW SAndusky Tenant, 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 $ 7,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is $ 4,900,000.

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 2nd day of November, 2005.

General Partner

STATE OF Florida

COUNTY OF Orange

On this 2nd day of November, 2005,

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

☑ who is personally known to me

☐ whose identity I proved on the basis of _____

(Notary Public Signature)

Notary Public State of Florida
Betsy Rosa
My Commission DD439455
Expires 06/09/2009

Betsy Rosa
(Notary's Printed Name)

Seal My Commission Expires: _____