

2006-01-31 14:09  
Division of Corporations

407-648-0398

CNL HOSPITALITY

P 1/5  
Page 1 of 1

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.

((H06000025017 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 HOTELS & RESORTS, INC.  
Account Number : I20050000020  
Phone : (407) 650-1549  
Fax Number : (407) 648-0398

FLORIDA/FOREIGN LP/LLP

CNL GL Resort, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

RECEIVED

06 JAN 31 PM 2:13

DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JAN 31 AM 9:11

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H06000025017 3

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. CNL GL Resort, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.,*  
*or LLLP.*

(If name unavailable, name under which the limited partnership or limited liability limited partnership  
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. 01/23/06

(Date of Formation)

4. Stephanie J Thomas

(Name of Registered Agent for Service of Process)

5. 450 S. Orange Ave., Suite 1200, Orlando, FL 32801

(Florida street address for Registered Agent)

6. *I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to  
comply with the provisions of all statutes relative to the proper and complete performance of my duties,  
and I am familiar with and accept the obligations of my position as registered agent.*

Stephanie J. Thomas

By: 

Signature of Registered Agent

7. 450 S. Orange Ave., Suite 1200

(Principal office address)

Orlando, FL 328018. If limited partnership is a limited liability limited partnership, check box ☐

Page 1 of 3

**FILED**  
06 JAN 31 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006-01-31

14:09

407-648-0398

CNL HOSPITALITY

P 3/5

H06000025017 3

9. PO Box 2226

(Mailing address)

Orlando, FL 32802

10. Name, principal office address, and mailing address of each general partner:

CNL GL Resort GP, LLC

(Name)

450 S. Orange Ave., Suite 1200

(Street Address)

Orlando, FL 32801

PO Box 2226

(Mailing Address)

Orlando, FL 32802

M06-548

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

FILED  
06 JAN 31 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 2 of 3

2006-01-31

14:09

407-648-0398

CNL HOSPITALITY

P 4/5

H06000025017 3

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

11. Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 30<sup>th</sup> day of January, 20 06

Signature of a general partner:



Stephanie J. Thomas, Assistant Secretary

**Filing Fees:****Certified Copy (optional):****Certificate of Status (optional):****\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)**\$52.50****\$8.75**

Page 3 of 3

FILED  
06 JAN 31 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006-01-31 14:09

407-648-0398

CNL HOSPITALITY

P 5/5

# Delaware

H06000025017 3

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL GL RESORT, 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2006.

FILED  
06 JAN 31 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4098111 8300

060063115



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4468236

DATE: 01-23-06

H06000025017 3