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Division of Corporations

Fax Number : (850) 205-0383 Eliza J. Bardin

From:

Account Name : CNL HOTELS & RESORTS, INC.

Account Number : I20050000020 Phone : (407)650-1549 : (407)648-0398 Fax Number

FLORIDA/FOREIGN LP/LLP/

CNL GL Sub Senior Mezz, LP

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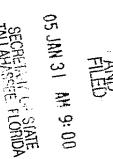
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

1. CNL GL Sub Senior Mezz, 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.		
(If name unavailable, name under which the lin proposes to register to transact busines	nited partnership or limited liability limited partnership is in Florida; must contain acceptable suffix.)	
2 Delaware	3, 01/23/06	
(State or Country of Formation)	(Date of Formation)	
4. Stephanic J Thomas		
(Name of Registered Agent for Service of Process)		
5. 450 S. Orange Avc., Suite 1200, Orlando, FL 32801		
(Florida street address for Registered Agent)		
comply with the provisions of all statutes relative to and I am familiar with an accept the obligations of Stepha By: Signature of 7, 450 S. Orange Ave., Suite 1200	igent and agree to act in this capacity. I further agree to a the proper and complete performance of my duties, my position as registered agent. inc J. Thomas Registered Agent I office address)	
and the state of t		
8. If limited partnership is a limited liability	ity limited partnership, check box	
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(Mailing address)		
Orlando, FL 32802		
0. Name, principal office address, and mailing address of each general partner:		
INL GL Sub Senior Mozz GP, LLC	450 S. Orange Ave., Suite 1200	
(Name)	(Street Address) Orlando, FL 32801	
	PO Box 2226	
	(Mailing Address) Orlando, FL 32802	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Namc)	(Street Address)	
	(Mailing Address)	

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(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 n filed by the Florida Department of	or more than 90 days after the date this document is State.)
to the delivery of this application to	ence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of dy of the entity's records in the jurisdiction under the
Signed this 304 day	or <u>Samery</u> 20 06
Signature of a general partner: Stephanic 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

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL GL SUB SENIOR MEZZ, 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.

4098104 8300 060063042



Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4468174

DATE: 01-23-06