

2006-01-31 , 14:07  
Division of Corporations

407-648-0398

CNL HOSPITALITY P 1/5  
Page 1 of 1

**B06 000000057**  
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.

((H06000025018 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 Senior Mezz, 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

2006 JAN 31 AM 7:10  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

**B06-57**  
**EA**

H06000025018 3

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

1. CNL GL Senior Mccz, 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  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2006 JAN 31 AM 7:10

H06000025018 3

9. PO Box 2226

(Mailing address)

Orlando, FL 32802

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

CNL GL Senior Mezz GP, LLC ✓

(Name)

450 S. Orange Ave., Suite 1200

(Street Address)

Orlando, FL 32801

PO Box 2226

(Mailing Address)

Orlando, FL 32802

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 JAN 31 AM 7:10

2006-01-31 14:08

407-648-0398

CNL HOSPITALITY

P 4/5

H06000025018 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 30th day of January, 20 06.

Signature of a general partner:

  
Stephanie J. Thomas, Assistant Secretary

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2006 JAN 31 AM 7:10

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

Page 3 of 3

H06000025018 3

# Delaware

H06000025018 3

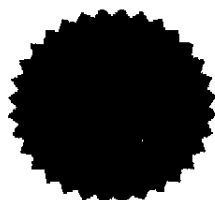
PAGE 1

*The First State*

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

4098109 8300

060063099



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State  
AUTHENTICATION: 4468211

DATE: 01-23-06

H06000025018 3