

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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(((H11000039378 3)))



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To: Division of Corporations  
 Fax Number : (850) 617-6383

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

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Email Address: amy.patterson@cni.com

**\* Please coordinate with GP filing - fax audit #**

**H11000039375 3** **FLORIDA/FOREIGN LP/LLP**  
**Sunrise Third (Pool I), LP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$1,052.50

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**EXAMINER**

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

1. Sunrise Thrd (Pool I), 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. California

State or Country of Formation

3. May 19, 2003

Date of Formation

## 4. Name of Registered Agent for Service of Process and Florida Street Address:

Linda A. Scarcelli450 S. Orange AvenueOrlando, FL 32801

5. 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.

  
Signature of Registered Agent

## 7. Principle Office: (Florida Street Address)

450 S. Orange AvenueOrlando, FL 32801

## 8. Mailing Address:

Attn: Office of General CounselPO Box 4920Orlando, FL 32802-49209. If limited partnership is a limited liability limited partnership, check box ☐

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

Name of General Partner: Sunrise Thrd (Pool I) GP, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 450 S. Orange Avenue

Street Address: \_\_\_\_\_

Orlando, FL 32801Mailing Address: PO Box 4920

Mailing Address: \_\_\_\_\_

Orlando, FL 32802-4920

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing 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 11<sup>th</sup> day of February, 20 11  
\_\_\_\_\_  
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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

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**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** SUNRISE THIRD (POOL I), LP

**FILE NUMBER:** 200314700037  
**FORMATION DATE:** 05/19/2003  
**TYPE:** DOMESTIC LIMITED PARTNERSHIP  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of California this  
day of December 20, 2010.

*Debra Bowen*

**DEBRA BOWEN**  
**Secretary of State**

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