Florida Department of State

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To:

Division of Corporations

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Eliza J. Bardin

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000

Fax Number

: (407)650-1065

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IVISION OF CORPORATION

FOREIGN PROFIT QUALIFICATION

CNL Hotel Del Tenant Corp.

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Certificate of Status	0	
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

CNL Hotel Do				
(Enter name of "Inc.," "Co.," "	corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.")	ED," "COMPAI	NY, "CORPORATION,"	•
	·		:	
(If name unava	ilable in Florida, enter alternate corporate na	ame adopted for t	he purpose of transacting	business in Florida)
Delaware		3. 20-0494105		
(State or country	y under the law of which it is incorporated)		(FEI number, if applic	able)
12/09/2003		5. perpetual		
(Dai	te of incorporation)	(Duration:	Year corp. will cease to e	xist or "perpetual")
upon qualificat			<u> </u>	
(Date first trans	acted business in Florida. If corporation has (SEE SECTIONS 607.1			upon qualification.")
450 S. Orange	Avenue, Orlando, FL. 32801-3336		į.	
	(Principal office	address)	:	-, ·
PO Box 4920, C	Orlando, FL 32802-4920		•	
· · · · · · · · · · · · · · · · · · ·	(Current mailing	address)	1	7.2
	(Current mailing	address)	:	**** ****
Hotel managen	nent			
	, -		arried out in state of Flori	ia)
(Purpose	nent	or country to be o	į	
(Purpose Name and st	ment (s) of corporation authorized in home state of	or country to be o	į	
(Purpose Name and str Name:	ment (s) of corporation authorized in home state of rect address of Florida registered agent Linda A. Scarcelli	or country to be o	į	
(Purpose Name and str Name:	nent (s) of corporation authorized in home state of rect address of Florida registered agent Linda A. Scarcelli 450 S. Orange Avenue	or country to be o	r Mail Drop Box <u>NOT</u>	
(Purpose Name and str Name:	nent (s) of corporation authorized in home state of rect address of Florida registered agent Linda A. Scarcelli 450 S. Orange Avenue Orlando	or country to be o	r Mail Drop Box <u>NOT</u>	
(Purpose Name and str Name:	nent (s) of corporation authorized in home state of rect address of Florida registered agent Linda A. Scarcelli 450 S. Orange Avenue	or country to be country to Box o	r Mail Drop Box <u>NOT</u>	
(Purpose Name and str Name: ffice Address:	nent (s) of corporation authorized in home state of rect address of Florida registered agent Linda A. Scarcelli 450 S. Orange Avenue Orlando	or country to be country to Box o	r Mail Drop Box <u>NOT</u>	
(Purpose Name and <u>str</u> Name: ffice Address: O. Registered : faving been name	nent (s) of corporation authorized in home state of rect address of Florida registered ager. Linda A. Scarcelli 450 S. Orange Avenue Orlando (City) agent's acceptance: med as registered agent and to accept se	r country to be	da 33801 (Zip code)	acceptable) orporation at the pla
(Purpose Name and str Name: ffice Address: O. Registered : faving been namesignated in this	nent (s) of corporation authorized in home state of rect address of Florida registered agentinda A. Scarcelli 450 S. Orange Avenue Orlando (City) agent's acceptance:	r country to be country to process in the country to be country to be country to the country to be considered.	da 33801 (Zip code) s for the above stated contered agent and agree to proper and complete p	acceptable) orporation at the pla to act in this capach
(Purpose Name and str Name: ffice Address: O. Registered : faving been namesignated in this	nent (s) of corporation authorized in home state of rect address of Florida registered ager. Linda A. Scarcelli 450 S. Orange Avenue Orlando (City) agent's acceptance: med as registered agent and to accept sets application, I hereby accept the appoint comply with the provisions of all statute.	r country to be country to process in the country to be country to be country to the country to be considered.	da 33801 (Zip code) s for the above stated contered agent and agree to proper and complete p	acceptable) orporation at the pla to act in this capach
(Purpose Name and str Name: ffice Address: O. Registered : faving been namesignated in this	comply with the provisions of my Linda A. Scarcelli Orlando (City) Agent's acceptance: med as registered agent and to accept se application, I hereby accept the appoint and accept the obligations of my Linda A. Scarcelli	r country to be cat; (P.O. Box of the country to be cat; (P.O. Box of the cat; (P.O. Box	da 33801 (Zip code) s for the above stated contered agent and agree to proper and complete p	acceptable) orporation at the pla to act in this capach
(Purpose Name and str Name: ffice Address: O. Registered a faving been not sessionated in this orther agree to and I am familia	comply with the provisions of my Linda A. Scarcelli Orlando (City) Agent's acceptance: med as registered agent and to accept se application, I hereby accept the appoint and accept the obligations of my Linda A. Scarcelli	, Flori ervice of processintment as register relative to the position as register.	da 33801 (Zip code) s for the above stated contered agent and agree to proper and complete p	acceptable) orporation at the pla to act in this capach

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

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS	
Chairman: Please see attached	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
· · · · · · · · · · · · · · · · · · ·	
B. OFFICERS	
President: Please see attached	
Address:	
•	<u> </u>
Vice President:	
Address:	
	<u> </u>
Secretary:	440
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendam to the application listing a	dditional officers and/or directors.
13. (Signature of Director or Officer listed in number 12 of the app	plication)
14. John A. Griswold, President	·
(Typed or printed name and capacity of person signing	e application)

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· CNL Hotel Del Tenant Corp.

<u>Name</u>	Titls	Business
Bernard J. Angelo	Independent Director	445 Broad Hollow Road Melville, NY 11747
Barry A.N. Bloom	Senior Vice President	450 S. Orange Avenue Orlando, FL 32801
Robert A. Bourne	Director	450 S. Orange Avenue P.O. Box 4920 Orlando, FL 32801
	Treasurer	i
David V. DeAngelis	Independent Director	445 Broad Hollow Road Melville, NY 11747
John A. Griswold	President	450 S. Orange Avenue Orlando, FL 32801
Thomas J. Hutchison, III	Director	450 S. Orange Avenue Orlando, FL 32801
	Chief Executive Officer	J
Tammie A. Quinlan	Senior Vice President	450 S. Orange Avenue Orlando, FR 32801
Linda A., Scarcelli	Assistant Socretary	450 S. Orange Avenue Orlando, FI, 32801
C. Brian Strickland	Executive Vice President	450 S. Orange Avenue Orlando, FE 32801
	Secretary	i
Paul H. Williams	Senior Vice President	450 S. Orange Avenue Orlando, FI, 32801



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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL HOTEL DEL TENANT CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF MAY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3142198

DATE: 05-28-04

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