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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Kathleen M. Walkling

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 : (407)650-1000 Phone Fax Number : (407)540-2699

## FOREIGN PROFIT QUALIFICATION

AL \

## CNL BENEFICIARY BLUE CORP.

Certificate of Status	1
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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 OCT - | 1. CNL BENEFICIARY BLUE CORP. (Euter name of corporation; must include 'TNCORPORATED," "COMPANY," "CORPORATION "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. DELAWARE (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) UPON QUALIFICATION (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7, 450 S ORANGE AVENUE (Principal office address) ORLANDO FL, 32801-3336 (Current mailing address) R HOLDING COMPANY (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) LINDA A. SCARCELLI Name: 450 S. ORANGE AVENUE Office Address: **ORLANDO** , Florida 32801-3336 (City)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

(Registered agent's signature)

- 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		FILED
Chairman:	SEE ATTACHMENT	
		2884 OCF-1 A 10: 28
		TASEURE TARY OF CTA-
Vice Chairman:		A
Director:		
Director:		
B. OFFICERS	•	
President:	SEE ATTACHMENT	
Vice President:		
Address:		
Secretary:		
Address:		
Treasures.		
Address:		
NOTE IS		7 - 007
$\Omega$	ach an addendum to the application listing additiona	is officers and/or directors.
13. (Signature o	of Director or Officer listed in number 12 of the appl	lication)
14. Charles A. Muller, Chief Oper		
(Typed or	printed name and capacity of person signing applica	ation)

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CNL Beneficiary Blue Corp. (Delaware corp). To be qualified in: Plorida

Directors

Title

Thomas J. Hutchison, III

Director

Charles A. Muller

Director

Tammie A. Quinlan

Director

Frank B. Bilotta

Independent Director

David V. DeAngelis

Independent Director

Officer

Title

Thomas J. Hutchison, III

Chief Executive Officer

Raymon Byron Carlock, Jr.

President

Robert A. Bourne

Treasurer

Charles A. Muller

Chief Operating Officer

Tammie A. Quinlan

Senior Vice President and Secretary

Linda A. Scarcelli

Assistant Secretary

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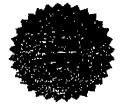
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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL BENEFECIARY BLUE CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF SEPTEMBER, A.D. 2004.



Harriet Smith Windson, Secretary of State

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AUTHENTICATION: 3382910

DATE: 09~30-04