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CT CORPORATION

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Division of Corporations

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Florida Department of State
Division of Corporations
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FOREIGN PROFIT QUALIFICATION

CNLRs Equity Ventures Plano, Inc.

Certificate of Status	0
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CT CORPORATION SYSTM
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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.*

1. CNLS Equity Ventures Plano, Inc.

(Enter name of corporation; must include "INCORPORATED," "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. Maryland

(State or country under the law of which it is incorporated)

3. Applied For

(FEI number, if applicable)

4. 12/16/2005

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 12/27/2005

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 450 South Orange Avenue, Suite 900, Orlando, FL 32801

(Principal office address)

same

(Current mailing address)

8. To acquire, hold, develop, operate, and sell real property

(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)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(Zip code)

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.*

CT Corporation System

PETER F. SOUZA

REGISTERED AGENT

By:

(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 SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Kevin B. Habicht

Address: 450 South Orange Avenue, Suite 900

Orlando, FL 32801

Director: Craig Macnab

Address: 450 South Orange Avenue, Suite 900

Orlando, FL 32801

B. OFFICERS SEE ATTACHMENT

President: Craig Macnab

Address: 450 South Orange Avenue, Suite 900

Orlando, FL 32801

Vice President: Kevin B. Habicht

Address: 450 South Orange Avenue, Suite 900

Orlando, FL 32801

Secretary: Christopher P. Tessitore

Address: 450 South Orange Avenue, Suite 900 Orlando, FL 32801

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Julian E. Whitehurst, Vice President
(Typed or printed name and capacity of person signing application)

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Attachment:

Attachment to Florida

Officers & Directors

1. Full Name: Kevin B. Habicht
Officer/Director: Officer, Director
Officer's Title: EVP, Treasurer, Asst Secretary
Director's Title: Other Director
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
2. Full Name: Craig Macnab
Officer/Director: Officer, Director
Officer's Title: President
Director's Title: Other Director
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
3. Full Name: Dennis E. Tracy
Officer/Director: Officer, Director
Officer's Title: EVP
Director's Title: Other Director
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
4. Full Name: Julian E. Whitehurst
Officer/Director: Officer, Director
Officer's Title: EVP
Director's Title: Other Director
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
5. Full Name: Michael D. Iannone
Officer/Director: Officer
Officer's Title: SVP of Tax
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
6. Full Name: Dawn A. Peterson
Officer/Director: Officer
Officer's Title: SVP of Accounting
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801

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Attachment

7. Full Name: Kella W. Schaible
Officer/Director: Officer
Officer's Title: Asst Secretary
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
8. Full Name: Christopher P. Tessitore
Officer/Director: Officer
Officer's Title: Secretary
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801
9. Full Name: Mary Wilkes
Officer/Director: Officer
Officer's Title: VP
Business Address: 450 South Orange Avenue, Suite 900
City: Orlando
State: FL
ZIP Code: 32801

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STATE OF MARYLAND
Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CNLRS EQUITY VENTURES PLANO, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION. AND TO TRANSACT BUSINESS IN MARYLAND.

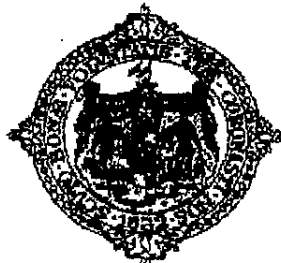
IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS DECEMBER 20, 2005.

Paul B. Anderson

Paul B. Anderson
Charter Division

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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