

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.

((H06000054033 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) 205-0381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 28 PM 2:24

FILED

FOREIGN PROFIT/NONPROFIT CORPORATION

CNLRS Equity Ventures Rockwall, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

File First!
File Second
is an LP.

Electronic Filing Menu

Corporate Filing Menu

Help

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. CNLR5 Equity Ventures Rockwall, 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. 83-0448391

(FBI number, if applicable)

4. 02/15/2006

(Date of incorporation)

5. Perpetual

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

6. 02/21/2006

(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. General partner of commercial real estate limited partnership

(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: C T 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.

C T Corporation System

PETER F. SOUZA
ASSISTANT SECRETARY

(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:

FILED
06 FEB 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS SEE ATTACHMENT

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
06 FEB 28 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS SEE ATTACHMENTPresident: Craig MacnabAddress: 450 South Orange Avenue, Suite 900Orlando, FL 32801Vice President: Kevin B. HabichtAddress: 450 South Orange Avenue, Suite 900Orlando, FL 32801Secretary: Christopher P. TessitoreAddress: 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) *CT*14. Christopher P. Tessitore, Secretary

(Typed or printed name and capacity of person signing application)

Attachment

Attachment to Florida

Officers & Directors

-
- | | | |
|----|-------------------|------------------------------------|
| 1. | Full Name: | Craig Macnab |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | President |
| | Business Address: | 450 South Orange Avenue, Suite 900 |
| | City: | Orlando |
| | State: | FL |
| | ZIP Code: | 32801 |
| 2. | Full Name: | Kevin B. Habicht |
| | Officer/Director: | Officer, Director |
| | Officer's Title: | EVP, Treasurer, Asst Sec |
| | 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 |
| | 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 |
| | 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 |
| 7. | Full Name: | Christopher F. Tessitore |
| | Officer/Director: | Officer |
| | Officer's Title: | Secretary |
| | Business Address: | 450 South Orange Avenue, Suite 900 |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 28 PM 2:25

FILED

Attachment

City:
State:
ZIP Code:

Orlando
FL
32801

8. Full Name:
Officer/Director:
Officer's Title:
Business Address:
City:
State:
ZIP Code:

Kella W. Schaible
Officer
Asst. Secretary
450 South Orange Avenue, Suite 900
Orlando
FL
32801

9. Full Name:
Officer/Director:
Officer's Title:
Business Address:
City:
State:
ZIP Code:

Mary Wilkes
Officer
VP
450 South Orange Avenue, Suite 900
Orlando
FL
32801

FILED

06 FEB 28 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 CNL&S EQUITY VENTURES ROCKWALL, 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 HEREBY SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 15, 2006.

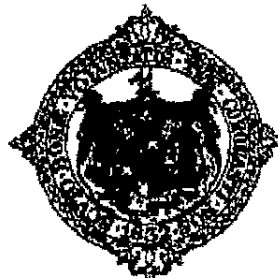
Paul B. Anderson

Paul B. Anderson
 Charter Division

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

06 FEB 28 PM 2:25

FILED



381 West Preston Street, Baltimore, Maryland 21201
 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941
 MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice
 Fax (410) 333-7097

0005412986