

C06000105094

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.

(((H06000262364 3)))



H060002623643ABC3

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) 205-0383

From:

LINDA A. SCARCELLI

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 540-2699RECEIVED
06 OCT 27 AM 11:17
DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CNL BR Manager I, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

FILED
06 OCT 27 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H06000262364 3

**ARTICLES OF ORGANIZATION
OF
CNL BR MANAGER I, LLC**

ARTICLE I - NAME

The name of this limited liability company is CNL BR Manager I, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address of the principal office of the Company is Post Office Box 4920, Orlando, Florida 32802-4920, and the street address of the principal office of the Company is 450 S. Orange Avenue, Orlando, Florida 32801-3336.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 450 South Orange Avenue, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Linda A. Scarcelli.

IN WITNESS WHEREOF, the undersigned, as an authorized representative of a member, has caused these Articles of Organization to be duly executed as of the 27th day of October, 2006.


Linda A. Scarcelli
Authorized Representative of Member

Acceptance of Registered Agent

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.


Linda A. Scarcelli

H06000262364

FILED
06 OCT 27 AM 11:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA