

#### Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0383

#### Eliza J. Bardin

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone : (407)650-1000

Fax Number : (407)650-1065

**FOREIGN LIMITED LIABILITY COMPANY** 

CNL Resort SPE GP, LLC

Certificate of Status	0 _
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### H04000073257 3 APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			\$			
1.	CNL Resort SPE GP, LLC		<u> </u>			
	(Name of foreign lim	ited liabili	ty company)			
2	Delaware 3.	Aron I.	ied for			
£.	(Jurisdiction under the law of which foreign limited liability company is organized)	11000		number, if applicabl	e)	·····
4.	3/29/04 5.	Perp	etual			
	(Date of Organization)	(Dura		ed liability company	will cease to	·
6.	Upon qualification					
	(Date first transacted business in Florida. (See	sections é	<b>50\$.501, 608.</b> 50	2, and 817.155, F.S.	))	
7.	450 So. Orange Avenue, Orlando, FL	3280	) דוֹ		~ B	_
٤.	250 DO. OLARIGO MVERILES, OPARISMO, PR		, <u></u>		- 30 m	
	(Street address o	forincina	I office)		- <del>2</del> 2	<u> </u>
	(55 484 81101 2224 5	- Principa	1		ا کاست	
8.	If limited liability company is a manager-managed cor	прапу, с	heck here 🗴		<u> </u>	36
Q	The names and usual business addresses of the manag	ing men	here or mana	ware are as fallos	حد ب	355 255 255 255 255 255 255 255 255 255
-	Please see attached	mg mon	10013 OI IMMIA	gors are as remo-	9: 32	<u> </u>
	FIRST SEE GOOGLEGE	· .		<u> </u>		<u> </u>
•				<u>-</u>		
			<u> </u>			
10.	Attached is an original certificate of existence, no mor	re than 9	Didays old d	uke authenticated	by the off	icial
havi	ng custody of records in the jurisdiction under the law	of which	n it is organiz	ed. (A photocopy	vis not	loiai
acce	ptable. If the certificate is in a foreign language, a tran	slation o	f the certifica	te under oath of	the translat	tor
musi	be submitted.)		•			
11.	Nature of business or purposes to be conducted or pro	moted i	a Èlorida:			
	General partner of limited partners					
	Ochelal partner of innited partners.	nrbs	<u> </u>			
	Signature of a member or an authori	zed repr	esentative of	a member.		
	(In accordance with section 608.408(3), F.S., the an affigmation under the penalties of perjury that	c execution	of this document	constitutes		
	Barry A.N. Bloom		•	us. <i>j</i>		
	Senior Vice President— Typed or printed n		<u>}</u>			
	Lyped or printed of	ame of s	ikucc			

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is: CNL Resort SPE GP, LLC
- 2. The name and the Florida street address of the registered agent and office are:

Linda A. Scarcelli

(Name)

450 So. Orange Avenue

Florida street address (P.O. Box NOT ACCEPTABLE)

Orlando

City/State/Zip

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 pasition as registered agent as provided for in Chapter 608, F.S.

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\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Managers	ASCINIT	Decort	CDG	CD	TTC
Managers	OX CIVIL	Keson	SPE	Ur.	

John A. Griswold, Manager	450 \$. Orange Avenue
	Odela II 20001

Barry A. N. Bloom, Manager	450 \$. Orange Avenue		
	Oriando, FL 32801		

Paul H. Williams, Manager	450 S. Orange Avenue
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Frederick O. Cox, Independent Manager	1400 North Lake Way
	Palm Beach, FL 33480

Michael O. Morgan, Independent Manager	103 Faulk Road
	Wilmington, DE 19803

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# Delaware

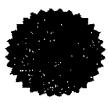
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I, HARRIET SMITE NINDSON, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "CAL RESORT SPE GP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTTETH DAY OF MARCE, A.D. 2004.

NAME OF CORPORATIONS

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Terriet Smith Hindren
Harriet Smith Windson, Secretary of State

tarriet Smith Windsor, Secretary of State AUTHEMATICATION: 3023121

DATE: 03-30-04