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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850)222-1092

: (850)878-5368

Enter the email address for this business entity to be used for futified annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CNL RESORT SPE GP, LLC

Certificate of Status Certified Copy 0 Page Count 04 Estimated Charge \$25.00

D. BRUCE

MAY 0 5 2011

Electronic Filing Menu Corporate Filing Menu

Hel EXAMINER

COVER LETTER

TO:	Registration Division of	n Section Corporations						
SUB.	JECT:			T SPE GP, LLC				
		Name of Foreig	gn Lir	nited Liability Cor	npany			
Dear	Sir or Madam	:						
The c	enclosed applie	cation, certificate and fee(s)	are s	ubmitted for filing	•			
Pleas	e return ali co	rrespondence concerning th	is ຕາສ	ter to the following	g;			
		Olga Hinkel						
		Name of Person				- :.		
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		Firm/Company					1- JYH	1
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		City/State and Zip Code	e					
	CLS-An	nualReportFilingTeam@wolter	ek luw	er com				
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For It	uther informa	tion concerning this matter,	pleas	e call:				
	0	lga Hinkel	nt (617	531-5822			
	Nan	ne of Person	A	rea Code & Dayti	me Telephone Number			
	STREET/C	OURIER ADDRESS:		MAII	LING ADDRESS:			
	Registration	Section		• •	tration Section			
Division of Corporations Clifton Building		Division of Corporations						
2661 Executive Center Circle			P.O. Box 6327 Tallahassee, Florida 32314					
		Florida 32301		121101	inssee, 1 1011da 32314			
Enclo	sed is a check	for the following amount	:					
□ \$ 25	Filing Fee	\$30 Filing Fee & Certificate of Status		\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Statu	nc &		
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION 1 (1-3 must be completed)

١.	Name of limited liability company as it appears on the records of the Florida Departmentate: CNL RESORT SPE GP, LLC	nt of
2.	Jurisdiction of its organization: Delaware	=
3.	Date authorized to do business in Florida: 04/07/2008	MAY -4 AN IQ
	SECTION II (4-7 complete only the applicable changes)	
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 07-14-2008	F S7
5.	New name of the limited liability company: MSR RESORT SPE GP B LLC (must end with "Limited Liability Company," "L.L.C.," or	TUCT ON
F) th or	I name unavailable, enter alternate name adopted for the purpose of transacting business or ida and attach a copy of the written consent of the managers or managing members ad a alternate name. The alternate name must end with "Limited Liability Company." "L.L. "L.L.") If the amendment changes the period of duration, indicate new period of duration: 1/4	gning
	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	
8.	If the amendment corrects any false statement, indicate the statement being corrected correction: $\frac{n'2}{n'}$	and the
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforement amendment(s), duly authenticated by the official having custody of records in the under the law of which this entity is organized. Signature of a member or the authorized representative of a member	oned jurisdiction
	Typed or printed name of signer	

Filing Fee: \$25.00

Ришћ и оћежаше Статаулев Онјазе

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CNL RESORT SPE GP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MSR RESORT SPE GP II LLC", THE FOURTEENTH DAY OF JULY, A.D. 2008, AT 2:54 O'CLOCK P.M.

3783605 8320

110485958

DATE: 05-03-11

AUTHENTSCATION: 8734832

You may verify this certificate coling at corp. delewage, gov/authver. whimi