## Florida Department of State

Division of Corporations Public Access System

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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)540-2699

### FOREIGN LIMITED LIABILITY COMPANY

CNL Resort Senior Mezz GP, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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	Sur Fig. X	
	TED LIABILITY COMPANY FOR AUTHORIZATION TO  ACT BUSINESS IN FLORIDA  M. STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGIN SESS IN THE STATE OF FLORIDA:	
COMPLIANCE WITH SECTION 608,503, FLORID MITED LIABILITY COMPANY TO TRANSACT BUSINI	OM STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORESTED 9. ESS IN THE STATE OF FLORIDA:	
CNL Resort Senior Mezz GP, LLC	00/10	
(Name of Foreign	n Limited Liability Company)	
Delaware	3 applied for	
(Jurisdiction under the law of which foreign limited company is organized)	d liability (FEI number, if applicable)	
8/10 104	5. perpetual	
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	
upon qualification		
(Date first transacted bus (See sections 608 501 & 60	siness in Florida, if prior to registration.) 08.502 F.S. to determine penalty liability)	
450 S. Orange Avenue, Orlando, FL 32801	oob of the determine painty in the stay	
(Stree	et Address of Principal Office)	
VA1* - *- 1 4* 1 ***		
If limited liability company is a manager-	managed company, check here	
The name and usual business addresses of	f the managing members or managers are as follows:	
Please see attached		
. Attached is an original certificate of existence, no mo	ore then 90 days old, duly authenticated by the official having custody of records in	
	A photocopy is not acceptable. If the certificate is in a foreign language, a	
nslation of the certificate under oath of the translator m		
. Nature of business or purposes to be con-	ducted or promoted in Florida: General Partnership of	
Limited Partnership	*	
	<del></del>	
	or an authorized representative of a member.	
	08.408(3), F.S., the execution of this document constitutes	
	lties of perjury that the facts stated herein are true.)	
	mor Vict Person	
	or printed name of signee	

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#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

ALIANASSEE, FLORIDAS 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.

	The name of the Limited Liability Company is:  CNL Resort Senior Mezz GP, LLC				
	The name and the Florida street address of the registered agent and office are:				
	Linda A. Scarcelli				
•	(Name)				
	450 S. Orange Avenue				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	Orlando FL 32801				
	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 position as registered agent as provided for in Chapter 608, Florida Statutes.

> S 100.00 Filing Fee for Application

Designation of Registered Agent \$ 25.00

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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#### CNL Resort Senior Mezz GP, LLC

Board of ManagersTitleKevin P. BurnsIndependent Manager445 Broad Hollow Rd, Melville, NY 11747Barry A.N. BloomManager450 S. Orange Avenue, Orlando, FL 32801John A. GriswoldManager450 S. Orange Avenue, Orlando, FL 32801Paul H. WilliamsManager450 S. Orange Avenue, Orlando, FL 32801

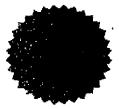
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# **Delaware**

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO MEREBY CERTIFY "CNL RESORT SENIOR MEZZ GP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF AUGUST, A.D. 2004.





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Harrice Smith Windson, Secretary of State

AUTHENTICATION: 3287910

DATE: 08-10-04