Division of

Division of Corporations 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.

(((H10000115935 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)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone · (850)222-1092

Fax Number : (850)878-5368 L. SELLERS

MAY 1 # 2010

EXAMINER

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

	Address:			
rimal	ACCITASE:			

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

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

Electronic Filing Menu

Corporate Filing Menu

Help

AH 8: 08

COVER LETTER

Name of Person Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Inclosed is a check for the following amount: 2525 Filing Fee \$100	10:	Registration of	n Section Corporations	·				
Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Mary Borker Name of Person Pyramid Advisors LLC Firm/Company One Post Office Square Suite 3100 Address Bosson, MA 02109 City/State and Zip Code nabarker@pyramidbotelgroup.com E-mall address: (to be used for future annual report notification) For further information concerning this matter, please call: Olga Hinkel at (800) 225-2034 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS; Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tullahassee, Florida 32301 Inclosed is a check for the following atmoust: ES25 Filing Fee \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	SUBJ	ECT:	CNL Re	sort Jui	nior Mez	z GP. LLC		
The enclosed application, certificate and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Mary Barker Name of Person Pyramid Advisors LLC Firm/Company One Post Office Square Suite 3100 Address Boston, MA 02109 City/State and Zip Code upbarker@pyramidbolelgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olga Hinkel Olga Hinkel Name of Person Area Code & Daystime Telephone Number STREET/COURIER ADDRESS; Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Inclused is a check for the following amount: JS25 Filing Fee S55 Filing Fee & S60 Filing Fee. Certificate of Status Certified Copy Certificate of Status			Name of Fore	ign Liı	nited L	iability Co	mpany	
Please return all correspondence concerning this matter to the following: Many Barker Name of Person	Dear 5	Sir or Madam	:					
Mary Borker Name of Person	The er	iclosed appli	cation, certificate and fec(s) are s	ubmitte	d for filling		
Name of Person Pyramid Advisors LLC Firm/Company One Post Office Square Suite 3100 Address Boston, MA 02109 City/State and Zip Code mbarker@pyramidbotelgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olga Hinkel at 800 225-2034 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS; Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Talbahassee, Florida 32301 Inclosed is a check for the following amount: SS25 Filing Fee \$ \$50 Filing Fee & \$55 Filing Fee & \$560 Filing Fee. Certificate of Status Cartified Copy Certificate of Status	Please	return all co	rrespondence concerning t	is ma	tier to i	he followic	ng:	
Pyromid Advisors LLC Firm/Company One Post Office Square Suite 3100 Address Boston, MA 02109 City/State and Zip Code Inbarker@pyramidbotelgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olga Hinkel at 800 225-2034 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 Inclosed is a check for the following amount: ISSS Filing Fee \$ \$50 Filing Fee & \$55 Filing Fee & \$60 Filing Fee. Certificate of Status Cartified Copy Certificate of Status			Mary Borker			_		
Firm/Company One Post Office Square Suite 3100 Address Boston, MA 02109 City/State and Zip Code Instarker@pyramidsocigroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olga Hinkel Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Inclosed is a check for the following amount: IS25 Filing Fee Certificate of Status Cartified Copy Certificate of Status			Name of Person			-		
City/State and Zip Code			Pyramid Advisors LLC					
Boston, MA 02109 City/State and Zip Code Imbarker@pyramidbotelgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olga Hinkel at 800 225-2034 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Included is a check for the following amount: S2525 Filing Fee \$ \$50 Filing Fee & \$60 Filing Fee. Centificate of Status Centified Copy Centificate of Status			Firm/Company					
City/State and Zip Code City/State and Zip Code		One						
City/State and Zip Code Inbarker@pyramidbotelgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olga Hinkel at 800 225-2034 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 Included is a check for the following amount: DS25 Filing Fee \$30 Filing Fee & \$555 Filing Fee & \$60 Filing Fee. Certificate of Status Cartified Copy Certificate of Status			Address					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olga Hinkel at (800) 225-2034 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 Clifton Building P.O. Box 6327 Tallahassee, Florida 32301 Included is a check for the following amount: DS25 Filing Fee \$ \$30 Filing Fee & \$50 Filing Fee. Certificate of Status Cartified Copy Certificate of Status			Boston, MA 02109					
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Oiga Hinkel			City/State and Zip Cod	C				
Olga Hinkel at 800 225-2034 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee. Florida 32301 Included is a check for the following amount: 2525 Filing Fee Centificate of Status Cartified Copy Certificate of Status			nabarker@pyramidbosclgroup.	com				
Name of Person Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Included is a check for the following amount: 2525 Filing Fee Certificate of Status Cartified Copy Certificate of Status	E-ma	ill uddress: (t	o be used for future annua.	герот	t notific	ration)		
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Included is a check for the following amount: Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32314 Included is a check for the following amount: Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32314 Cartified is a check for the following amount: Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32314 Cartified Copy Certificate of Status	or furt	her informat	ion concerning this matter.	please	call:			
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Included is a check for the following amount: 2525 Filing Fee Certificate of Status Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32314 Certificate of Status Cartified Copy Certificate of Status		OI	ga Hinkel	at (800	1	225-2034	
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Included is a check for the following amount: 2525 Filing Fee Certificate of Status Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32314 Tallahassee, Florida 32314 Cantified Copy Certificate of Status		Nam	e of Person			le & Dayti	me Telephone Number	
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Included is a check for the following amount: 2525 Filing Fee Certificate of Status Cartified Copy Certificate of Status		STREET/C	OURIER ADDRESS:			MAII	JING ADDRESS:	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee. Florida 32314 Tallahassee. Florida 32301 Inclosed is a check for the following amount: 2525 Filing Fee \$\sum_\$55 Filing Fee & \$\sum_\$60 Filing Fee. Certificate of Status Cartified Copy Certificate of Status								
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Inclosed is a check for the following amount: 2525 Filing Fee S30 Filing Fee & S60 Filing Fee, Centificate of Status Cartified Copy Centificate of Status								
7525 Filing Fee	2661 Executive Center Circle							
			S30 Filing Fee &	_			Certificate of Status &	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1	Name of limited liability company as it appears on the records of the Florida Department State: CNL Reson Union Mezz CP; LLC	n of
2.	Jurisdiction of its organization: Delaware	
3.	Date authorized to do business in Florida: 08/12/2004	
	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 affected under the laws of its jurisdiction of organization? 07/14/2008	<u> </u>
5.	New name of the limited liability company:	J.C.")
	ISR Resort Lyujor Mezz OR, LLC	·
FI th	Fname unavailable, enter alternate name adopted for the purpose of transacting business is lorida and attach a copy of the written consent of the managers or managing members adole alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.")	pting
б.	If the amendment changes the period of duration, indicate new period of duration:	
	If the amendment changes the jurisdiction of organization, indicate new jurisdiction: n/α	
8.	If the amendment corrects any false-statement, indicate the statement being corrected correction	und the
w	e e	
9,	Attached is an original certificate, no more than 90 days old, evidencing the aforementio amendment(s), duly authenticated by the official having custody of records in the under the law of which this entity is organized. Signtury of a number or the authorized representative of a member Christopher Oping	ned jurisdiction
	Vice President	
	Typed or printed name of stance	₩5 -
	Filing Fee: \$25.00	ECK BOTH

O MAY 13 AM 8: 08

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CNL RESORT JUNIOR MEZE GP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MSR RESORT JUNIOR MEZZ GP, LLC", THE FOURTHENTS DAY OF JOLY, A.D. 2008, AT 4:46 O'CLOCK P.M.

DATE: 05-12-10