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To:

Division of Corporations

Eliza J. Bardin

Fax Number : (850)205-0383

From:

Account Name : CNL HOTELS & RESORTS, INC.

Account Number: 120050000020 Phone: (407)650-1549 Fax Number: (407)648-0398

FLORIDA/FOREIGN LIMITED LIABILITY CO

CNL GL Sub Junior Mezz GP, LLC

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Page Count	03
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## 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:

(Date of Organization)  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)  450 S. Orange Ave., Suite 1200  Orlando, FL 32801  (Street Address of Principal Office)  If limited liability company is a manager-managed company, check here   The name and usual business addresses of the managing members or managers are as follows:  John A. Griswold, Manager Barry A.N. Bloom, Manager C. Brian Strickland, Manager  450 S. Orange Ave., Suite 1200, Orlando, FL 32801  Denise M. Veidt, Independent Manager 445 Broad Hollow Rd., Suite 239, Melville, NY 11747  O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official havingtony of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the im a foreign language, a translation of the certificate under oath of the translator must be submitted.)	CNL GL Sub Junior Mezz GP, LLC	
(Date of Organization)  Olivertion under the law of which foreign limited liability company is organized)  Olivertion year limited liability company will cease to exist or "perpetual")  Upon qualification  (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  Orlando, FL 32801  Orlando, FL 32801  (Street Address of Principal Office)  If limited liability company is a manager-managed company, check here   In the name and usual business addresses of the managing members or managers are as follows:  John A. Griswold, Manager Barry A.N. Bloom, Manager C. Brian Strickland, Manager  450 S. Orange Ave., Suite 1200, Orlando, FL 32801  Denise M. Veidt, Independent Manager 445 Broad Hollow Rd., Suite 239, Meiville, NY 11747  O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official havistody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the in a foreign language, a translation of the certificate under oath of the translator must be submitted.)	(Name of Foreign Limited Liability	(Company)
(Date of Organization)  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)  450 S. Orange Ave., Suite 1200  Orlando, FL 32801  (Street Address of Principal Office)  If limited liability company is a manager-managed company, check here   The name and usual business addresses of the managing members or managers are as follows:  John A. Griswold, Manager Barry A.N. Bloom, Manager C. Brian Strickland, Manager  450 S. Orange Ave., Suite 1200, Orlando, FL 32801  Denise M. Veidt, Independent Manager 445 Broad Hollow Rd., Suite 239, Melville, NY 11747  O. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having usted of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the sin a foreign language, a translation of the certificate under oath of the translator must be submitted.)	urisdiction under the law of which foreign limited liability	(FEI number, if applicable)
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1. Nature of business of purposes to be conducted of promoted in Flurida.	ody of records in the jurisdiction under the law of which it is o	rganized. (A photocopy is not acceptable. If the certif r oath of the translator must be submitted.)
Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  Stephanie J. Thomas, Assistant Secretary  Typed or printed name of signes	(In accordance with section 608.408(3), F.S., the an affirmation under the penalties of perjury that Stephanie J. Thomas, Assistant Secretary	execution of this document constitues the facts stated herein are true.)

## 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	Сотрану	is
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CNL GL Sub Junior Mezz GP, LLC

2. The name and the Florida street address of the registered agent and o	ffice are:
Stephanie J Thomas	FCAR FARE
(Name)	
450 S. Orange Ave., Suite 1200	
Florida Street Address (P.O. Box NOT ACCEPTABLE	E) (7) (3) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
Orlando, FL 32801	DA 20
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,

Stephanie J Thomas

Filing Fee for Application \$ 100.00

\$ 25.00 Designation of Registered Agent 30.00 Certified Copy (optional)

5.00 Certificate of Status (optional)

## Delaware

H06000025016 3

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL GL SUB JUNIOR 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 TWENTY-THIRD DAY OF JANUARY, A.D. 2006.

4098054 8300 060062999



Flarriet Smith Hindson

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 4468143

DATE: 01-23-06