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Division of Corporations

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From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)540-2699

06 NOV 15 PH 12: 48

LORIDA/FOREIGN LIMITED LIABILITY CO.

CNL Income Burnside Marina, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
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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:

| CNL Income Burnside Marina, LLC   |  |   |
|---|--|---|
| (Name of Forei  | gn Limited Liability Company)  | ***   |
| Delaware  | 3. pending   |   |
| (Jurisdiction under the law of which foreign limit company is organized)  | ed liability (FEI number, if applic  | cable)  |
| October 27, 2006  | <sub>5.</sub> perpetual  |   |
| (Date of Organization)  | (Duration: Year limited liability con<br>exist or "perpetual")   |   |
| upon qualification  | • •,   | SECT<br>TALL                                  |
| (Date first transacted by (See sections 608.501 &   | usiness in Florida, if prior to registration.)<br>608.502 F.S. to determine penalty liability)   | LAHAA.  |
| <u>4</u> 50 S. ORANGE AVE.  |  | 15<br>ARY<br>SSE                              |
| Orlando, FL 32801   |  | E OF S  |
| (Str  | eet Address of Principal Office)   | <u> </u>                                      |
| If limited liability company is a manager   | :-managed company, check here  | TEA   |
| The name and usual business addresses of please see attached  | of the managing members or managers are a  | s follows:                                    |
|   |  |   |
| Attached is an original certificate of existence, no me jurisdiction under the law of which it is organized, instation of the certificate under eath of the translator. | nace than 90 days old, duly authenticated by the official<br>(A photocopy is not acceptable. If the certificate is in a<br>must be submitted.) | having custody of records foreign language, a |
| 1. Nature of business or purposes to be co  | nducted or promoted in Florida:  |   |
| Owner of commercial real estate   | )  | •   |
| Grade   | Searcell   | <del>_</del>                                  |
| Signature of a member   | er or an authorized representative of a member of a member of this document constitute   | oer.  |
|   | nalties of perjury that the facts stated herein are true.)   | ••  |
| Linda A. Scarcell   | i Asst Secretary   |   |

Typed or printed name of signee

## 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.

| The name of the Limited Liability Company is:  CNL Income Burnside Marina, LLC     | SECRETI        |  |  |  |
|--|----------------|--|--|--|
| 2. The name and the Florida street address of the registered agent and office are: | SSEE.FI        |  |  |  |
| Linda A. Scarcelli   | 8: 5:<br>8: 5: |  |  |  |
| (Name)   |                |  |  |  |
| 450 S. ORANGE AVE.   |                |  |  |  |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   |                |  |  |  |
| Orlando, FL 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.

Signature)

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

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#### CNL Income Burnside Marina, LLC - SPE

| Manager                   | Title               | <u>Address</u>                                       |
|---------------------------|---------------------|--|
| Raymon Byron Carlock, Jr. | Manager             | 450 S Orange Ave., Orlando, FL 32801                 |
| Charles A. Muller         | Manager             | 450 S Orange Ave., Orlando, FL 32801                 |
| Tammie A. Quinlan         | Manager             | 450 S Orange Ave., Orlando, FL 32801                 |
| Bernard J. Angelo         | Independent Manager | 445 Broad Hollow Road, Suite 239, Melville, NY 11747 |
| Tony Wong                 | Independent Manager | 445 Broad Hollow Road, Suite 239, Melville, NY 11747 |

ZING NOV 15 AM 8: 53
SECRETARY OF STATE
SECRETARSEE. FLORIDA

# Delaware

### The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL INCOME BURNSIDE MARINA, 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 THIRTIETH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CNL INCOME BURNSIDE MARINA, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



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Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5156539

DATE: 10-30-06

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