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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

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

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

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

D. BRUCE

MAY 1 4 2010

EXAMINER

COVER LETTER

Division of Corporations SUBJECT: CNL Reson REP, LLC Name of Foreign Limited Liability Company Deur Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. 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 Baston, MA 02109 City/State and Zip Code mbarker@pyramidhotelgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Olga Hinkel 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 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: S55 Filing Fee & \$25 Filing Fee S30 Filing Fee & \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

TO:

Registration Section

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 of State: CNL ResorrEP, LLC	
2. Jurisdiction of its organization: Delaware	
3. Date authorized to do business in Florida: 13/19/2006	
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	\$
5. New name of the limited liability company:	
MSR Reson REP, LEC	ľ
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")	r
6. If the amendment changes the period of duration, indicate new period of duration:	
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:	
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Signature of a member or the numberized representative of a member Christopher Devine Vice President Typod or printed numeral signature.	
filling Feer \$28.00	

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CNL RESORT REP, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MSR RESORT REP, LLC", THE FOURTEENTH DAY OF JULY, A.D. 2008, AT 4:54 O'CLOCK P.M.

100500969

You may verify this certificate onli at corp. delewers.gov/authver.ahtml

DATE: 05-12-10