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To:  Division of Corporations  Fax Number : (850)617-6383  From:  Account Name : C T CORPORATION SYSTEM  Account Number : FCADORDO00023
Fax Number (650)617-6383
From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCADO0000023
Prone ( (850) 222-1092
Fax Number : (850)878-5368
**Enter the email address for this business entity to be used for future,

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CNL RESORT ANCILLARY TENANT, LLC

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### COVER LETTER

TO:	Registratio Division of	n Section Corporations				•		
SUBJ	eçt:	CNL Resi	on Ancillary Ten					
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		cation, certificate and fee(s)		-				
Please	retum all cor	respondence concerning thi	is matter to the	followin	g;			
		Mary Barker	··· <del>······</del>		•			
		Name of Person			•			
		Pyramid Advisors LLC						
		Firm/Company	· · · · · · · · · · · · · · · · · · ·			基級	≅	
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OF HILL		ion concerning this matter,   ga Hinkel	nt/ 800		225-2034	•		
		e of Person	** \	& Daytir	ne Telephone Number			
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] <b>⊅</b> ∠⊃ l'	iling Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Certified C		\$60 Filing Fee, Certificate of Status Certified Copy	å		

#### 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 Dep	partiment of
State: CNL Reson And Hary Tournt, LLC	· · · · · · · · · · · · · · · · · · ·
2. Jurisdiction of its organization: Delaware	
3. Date authorized to do business in Florida: 12/19/2006	
SECTION II (4-7 complete only the applicable changes).	,
<ol> <li>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.</li> </ol>	ne
5. New name of the limited liability company: (numerond with "Limited Liability Company," old. I.	C." or "LLC.")
MSR Resort Ancillary Tenant, LLC	
(If name unavailable, enter alternate name adopted for the purpose of unaspering but Florida and attach a copy of the written consent of the managers or managing member alternate name in the alternate name in the alternate name in the alternate liability Company," or "LLC.")	ers adopting
6. If the amendment changes the period of duration, indicate new period of duration	HAY 1.3
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction of	on: For the Control of the Control
(1/2)	\$ F
8. If the amendment corrects any false statement, indicate the statement being correction:	
11/2	
<ol> <li>Attached is an original certificate, no more than 90 days old, evidencing the aforeinment(s), duly authenticated by the official having custody of records in under the law of which this entity is organized.</li> </ol>	mentioned 1 the jurisdiction
Signature of a member or the authorized representative of a member Christopher Devine Vice President	
Typed or primed name of signee	
Filing Ree: \$25.00	

PIOUT - WORLDOW C'T Spaken Delece

# Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CNL RESORT ANCILLARY TENANT, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MSR RESORT ANCILLARY TENANT, LLC", THE FOURTEENTH DAY OF JULY, A.D. 2008, AT 5:01 O'CLOCK P.M.

4267610 8320

100500990

You may verify this cartificate online at corp. delevere, gov/euthwer. whtml

AUTHENTY CATION: 7989720

DATE: 05-12-10