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Division of Corporations

Fax Number

Account Name

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone

: (407)650-1000

Fax Number

: (407)540-2699

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CNL Income Frontier City, LLC

Certificate of Status	
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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:

(Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Please see attached.	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) (company is organized) 4. January 18, 2007 (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) 7. 450 S. ORANGE AVE. Orlando, FL 32801 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follower. Please see attached. 10. Attached is an original certificate of existence, no more than 90 days okl, duly authenticated by the official baving custody of reo the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Owner of commercial real estate. Other of the foreign language and the section of the foreign language and the section of the foreign language and the submitted of the submit		(Name of Foreign Limited Liability Company)
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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 Company is:	O SIAI	
CNL Income Frontier City, LLC	7 FE	- Creaters.
2. The name and the Florida street address of the registered agent and office are:	B-6 AH TARY OF HASSEE FI	Company Compan
Linda A. Scarcelli (Name)	9: L STA - COR	
	AGINA 31E	• •
450 S. Orange Ave.	_	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		
Orlando 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 Frontier City, LLC

Manager

Title

<u>Address</u>

Raymon Byron Carlock, Jr.

Manager Manager

450 S Orange Ave., Orlando, FL 32801 450 S Orange Ave., Orlando, FL 32801

Charles A. Muller Tammie A. Quinlan

Manager

Bernard J. Angelo

450 S Orange Ave., Orlando, FL 32801

Tony Wong

Independent Manager Independent Manager 445 Broad Hollow Road, Suite 239, Melville, NY 11747

445 Broad Hollow Road, Suite 239, Melville, NY 11747

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I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CRRTIFY "CHL INCOME FRONTIER CITY, LLC" IS DULY FORMED UNDER THE LARS 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 MINETERNTH DAY OF JANUARY, A.D. 2007.

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

070060832



AUTHENTICATION: 5366567

DATE: 01-19-07