Floria Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

LINDA A. SCARCELLI

Account Name Account Number : 113615003626

: CNL FINANCIAL GROUP, INC.

Phone

: (407)650-1000

Fax Number

: (407)540-2699

ORIDA/FOREIGN LIMITED LIABILITY CO.

CNL River Chase, LLC

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Estimated Charge	\$160.00

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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:

(Name of Foreign Limited	Lizbility Company)
Delaware	3 20-8832335
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
April 10, 2007 (Date of Organization)	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
Upon qualification	
(Date first transacted business in F (See sections 608.501 & 608.502 F.)	Florida, if prior to registration.) S. to determine penalty liability)
450 So. Orange Avenue	AET N
Orlando, FL 32801-3336	SSEC
(Street Addres	s of Principal Office)
If limited liability company is a manager-manager	d company, check here
	DA C
The name and usual business addresses of the man	nogina mamkan ar managan an ar fallarra. T
	haging members of managers are as follows:
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See attached Exhibit "A"	
See attached Exhibit "A" Attached is an original certificate of existence, no more than 90	days old, duly authenticated by the official having custody of record
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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:	
CNL River C	hase, LLC	·
2. The name and	I the Florida street address of the registered agent and office are:	BECKEN TALLAH
	Linda A. Scarcelli	25 E
	(Name)	· 原写 宝 C
	450 So. Orange Avenue	1.00 A.
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	PART 2
	Orlando, FL 32801-3336 FL	
	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)

Carcell
(Signature)

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

EXHIBIT "A"

Managers of CNL River Chase, LLC:

Curtis B. McWilliams, Manager 450 So. Orange Avenue Orlando, FL 32801-3336

Robert A. Bourne, Manager 450 So. Orange Avenue Orlando, FL 32801-3336

Steven D. Shackelford, Manager 450 So. Orange Avenue Orlando, FL 32801-3336

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

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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CNL RIVER CHASE, 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 ELEVENTH DAY OF APRIL, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CNL RIVER CHASE, LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2007.

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

4332082 8300 070419698



Warriet Smile Hindson

AUTHENTICATION: 5583374

DATE: 04-11-07