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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

AMY J. PATTERSON
Account Name : CNL FINANCIAL GROUP, INC.

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

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

Rmail Address:_

amy.patterson@cnl.com

Foreign Limited Liability Company Sunrise Third (Pool III), LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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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 . LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	REGISTER A FOREIGN
1. Sunrise Third (Pool III), LLC	_
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attaconsent of the managers or managing members adopting the alternate name. The alternate name must include Company," "L.L.C," "LLC.")	ch a copy of the written "Limited Liability
2. Delaware 3, 01-0788797	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. May 5, 2003 5. Perpetual	
(Date of Organization) (Duration: Year limited liability comparexist or "perpetual")	y will cease to
6. Upon registration	
(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 Avenue	APSE 3
Orlando, FL32801	器号二
(Street Address of Principal Office)	SSR
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 fo	
Please see attached	PAR PAR
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign.)	
translation of the certificate under oath of the translator must be submitted.)	Bu susance a
11. Nature of business or purposes to be conducted or promoted in Florida:	
owner/lessor of commercial real property	
1 An	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation	
penalties of perjury that the facts stated herein are true. I am aware that any false information sub-	nitted in a
document to the Department of State constitutes a third degree felony as provided for in s.81 JOSEPH T. Johnson	. 1.1.135, F. 5. .)
Typed or printed name of signee	
•	

H110000394023

SUNRISE THIRD (POOL III), LLC

MANAGERS

<u>Name</u>	<u>Address</u>
Charles A. Muller	450 S. Orange Avenue, Orlando, FL 32801
Tammie A. Quinlan	450 S. Orange Avenue, Orlando, FL 32801
Joseph T. Johnson	450 S. Orange Avenue, Orlando, FL 32801
Tony Wong	68 So. Service Road, Suite 120, Melville, NY 11747
David V. DeAngelis	68 So. Service Road, Suite 120, Melville, NY 11747

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SECRETARY OF STATE
AND STATE OF STATE O

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.

If unavailab	ole, the alternate to be used i	in the state of Florida is:	
2. The nan	ne and the Florida street add	ress of the registered agent and office are:	
	Linda A. Scarcelli		SEC.
		(Name)	FEB CRETA
	450 S. Orange Av	enue	ARY SSE
		Address (P.O. Box NOT ACCEPTABLE)	
	Orlando	_{FL} 32801	7:56 FLORID
		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.

\$ 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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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNRISE THIRD (POOL III), 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNRISE THIRD (POOL III), LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

3654709 8300

101207285

You may verify this certificate online at corp.delaware.gov/authwer.shtml

Johney W. Bullock, Secretary of TION: 8438843

DATE: 12-17-10