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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 ARY OF STATE

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

Email Address: __ amy.patterson@cnl.com

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

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ALLAHASSEE, FLORID

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FER 16 2011 EXAMINER

G. MCLEOD

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 RUSINESS IN THE STATE OF FLORIDA:

	WILLIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	Sunrise Third (Pool V), LLC	
	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LL.C.," or "LLC.")	
If	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written	en
ە: ك	nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")	
	Delaware 3, 20-3813025	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
	November 18, 2005 Repetual	
₹.	November 18, 2005 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to	
	exist or "perpetual")	
5	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 全部 点	'n
	SA -	_
	(Small de la Company)	
	The state of the s	Π
3.	If limited liability company is a manager-managed company, check here	フ
		u
) ,	The name and usual business addresses of the managing members or managers are as follows:	
	Please see attached	
	The state of the s	
O.	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records it	_
be	jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fireign language, a	14
a	relation of the certificate under oath of the translator must be submitted.)	
1	Nature of business or numeros to be conducted as assessed in Planta.	
•	Nature of business or purposes to be conducted or promoted in Florida:	
	owner/lessor of commercial real property	
	L Ma /	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 60s. 408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	
	document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)	
	Joseph T. Johnson	
	Typed or printed name of signee	

SUNRISE THIRD (POOL V), LLC

MANAGERS

Name	<u>Agaress</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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SUNRISE THIRD (POOL V), 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 V), LLC" WAS FORMED ON THE EIGHTEENTH DAY OF NOVEMBER,
A.D. 2005.

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

4063971 8300

101203661

You may verify this certificate online at corp. delawars. ove/authver. shtml

AUTHENTICATION: 8436971

DATE: 12-17-10

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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:						
Sunrise Third (Pool V), LLC						
If unavailable, the alternate to be used in the state of Florida is:						
2. The name and the Florida street address of the registered agent and office are:						
Linda A. Scarcelli						
	(Name)					
450 S. Orange Avenue						
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) Scarcell.

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