

Division of Corporations

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**To:** Division of Corporations  
Fax Number : (850) 205-0383

**From:** SUZANNE M. McLAUGHLIN  
Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407) 650-1000  
Fax Number : (407) 650-1065

RECEIVED  
03 APR 29 PM 2:05  
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DIVISION OF CORPORATION  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
APPROVED  
AND  
FILED

**FOREIGN LIMITED PARTNERSHIP**


**CNL Retirement Maitland FL, LP**

|                       |            |
|-----------------------|------------|
| Certificate of Status | 1          |
| Certified Copy        | 1          |
| Page Count            | 04         |
| Estimated Charge      | \$1,846.25 |

4/29/03

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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. CNL Retirement Maitland FL, LP  
(Name of limited partnership as it is in the home state)
2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;  
must contain the word "LIMITED" or "LTD.")
3. Delaware 4. 4/16/2003  
(State of Formation) (Date of Formation)
5. Linda A. Scarcelli  
(Name of Registered Agent for Service of Process)
6. 450 S. Orange Avenue  
(Street Address of Registered Office)
- Orlando Florida 32801  
(City) (Zip Code)
7. Acceptance by the Registered Agent for Service of Process:  
  
(Agent must sign on this line)
8. 450 S. Orange Avenue, Orlando FL 32801  
(Address of registered office required in state of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS STREET ADDRESS  
CNL Retirement Maitland FL GP, LLC, 450 S. Orange Avenue, Orlando FL 32801  
H0300 0001754
10. 450 S. Orange Avenue, Orlando FL 32801  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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AND  
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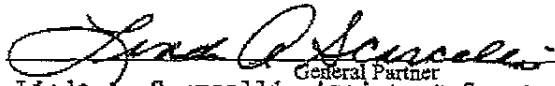
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12. PO Box 4920, Orlando FL 32802-4920

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 28 day of April, 2003

  
Linda A. Scarcelli, Assistant Secretary of General Partner  
STATE OF FLORIDA

COUNTY OF ORANGEOn this 28<sup>th</sup> day of April, 2003

Linda A. Scarcelli, personally appeared before me,

☒ who is personally known to me☐ whose identity I proved on the basis of \_\_\_\_\_

  
(Notary Public Signature)



Suzanne M. McLaughlin  
My Commission CC972520  
Expires October 03, 2004

Suzanne M. McLaughlin  
(Notary's Printed Name)

Seal

My Commission Expires: \_\_\_\_\_

03 APR 29 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# **AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared Linda Scarcelli, Assistant Secretary of CNL Retirement Maitland FL GP, LLC  
a general partner of CNL Retirement Maitland FL, LP, a (an) Delaware  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 15,000,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 15,000,000

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

Signed this 28 day of April, 2003

  
General Partner

Linda A. Scarcelli, Assistant Secretary of General Partner

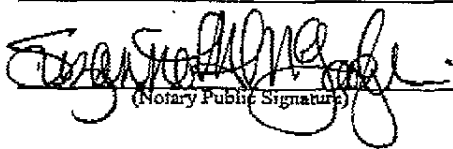
STATE OF FLORIDA

COUNTY OF ORANGE

On this 28<sup>th</sup> day of April, 2003

Linda A. Scarcelli, personally appeared before me,

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_

  
(Notary Public Signature)

Suzanne M. McLaughlin  
(Notary's Printed Name)

Seal My Commission Expires: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 APR 29 PM 2:05

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AND  
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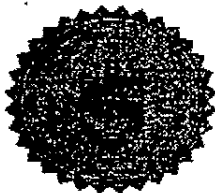
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# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT MAITLAND FL, LP" 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 SIXTEENTH DAY OF APRIL, A.D. 2003.



*Harriet Smith Windsor*  
Harriet Smith Windsor, Secretary of State

3648240 8300

030250041

AUTHENTICATION: 2370118

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DATE: 04-16-03