

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

£ (850)205-0383 Fax Number

SUZANNE M. McLAUGHLIN

Account Name : CNL FINANCIAL GROUP, INC.

Account Number: 113615003626 : (407)650-1000 : (407)650-1065 Fax Number

FOREIGN LIMITED PARTNERSHIP

CNL Retirement Camarilla CA, LP

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

IVISION OF CORPORATION

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

| 1. UNL Retirement Camarilla CA, | |
|--|---|
| (Name of limited pa | ertnership as it is in the home state) |
| | • |
| | · |
| (If name is unavailable, name under which the limit | ed partnership proposes to register or transact business in Florida |
| must contain the | word "LIMITED" or "LTD.") |
| | ŕ |
| 3. Delaware | 4 2/21/2002 |
| (State of Formation) | (Date of Formation) |
| | (Die di I dimindi) |
| S Phillip M. Anderson | |
| | d Agent for Service of Process) |
| (11mile of Registere | d Agent for Baytoc of Frocess) |
| | |
| 6. 450 S.Orange-Avenue | |
| (Street Add | ress of Registered Office) |
| | |
| Orlando | |
| (City) | (Zip Code) |
| | C. |
| 7 Approximate by the Desistered Asset See Carrier | -6 N |
| 7. Acceptance by the Registered Agent for Service | 01 1109285 |
| 13/19 10 | |
| (Lowe) M | ket |
| (Agent: | must sign on this line) |
| o 450 5 Orango Arranyo Orlanda | TT 22201 |
| 8 450 S. Orange Avenue, Orlando | 7 FL 32001 |
| | |
| , | |
| (Address of registered office required in state | of formation or, if not required, address of principal office.) |
| O MANAGE OF OUNTED AT DARPTHERS | |
| 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS |
| | |
| CNL Retirement MA1 GP. LLC. 450 | S. Orange Avenue, Orlando FL 32801 |
| | |
| | |
| | <u> </u> |
| | |
| | |
| · | |
| | |
| | |
| to ASD C Omence Assessed Octionals | 77 2001 · |
| 10. 450 S. Orange Avenue, Orlando | #L 32801 |
| (Office where Names, Addresses a | and Contributions of Limited Partners are kept.) |
| 11. The limited nartnership will undertake to keep the | ne records listing the addresses and capital contributions of the |
| limited partner or limited partners until the limit | ed partnership's registration in Florida is canceled or |
| withdrawn. | |

CONTINUED

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| 12. PO Box 4920 | , Orlando FL 32802-4920 | _ | |
|---|--|-------|-------------------------------|
| | | | |
| | (Mailing Address of Limited Partnership) | _ | |
| | gury I, being duly sworn, declare that I have read the foregoing and know the contents then If herein are true and correct. | eof | |
| Signed this 27th | _day of February . 2002 | | |
| . B2 | Y: CNL Retitement MA1 GP, LEC as General Partner | | |
| | Phillip M. Anderson, Executive Vice President of General | Partn | e ZS |
| STATE OFFLO | DRIDA | 02 | LAH. |
| COUNTY OF ORA | ANGE | 2 FEB | 788A 788A |
| On this | 7th day of Fetameny, 2002 | 8 28 | - EF ST - ES ST - ES ST |
| Phillip M. A | anderson personally appeared before me, | | |
| XX who is personally | known to me | | |
| whose identity I p | roved on the basis of | _ | |
| | Togastel Harden Al | | |
| | SUZANNE M. MCLAUGHTIN | | |
| Suzanne M Met augibin My Commission CC372520 Expires October 03, 2004 | (Notary's Printed Name) | | |
| Scal | My Commission Expires: | | |

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

| Phillip M. Anderson, Executive Vice President of |
|--|
| BEFORE ME the undersigned personally appeared CNL Retirement MA1 GP, LLC |
| a general partner of CNL Retirement Camarilla CA, 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 \$30,000,000. |
| The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of |
| transacting business in Florida is \$0 |
| 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 |
| BY: CML Retification Mary 1, May 43 control 121 |
| 2 SET |
| Phillip M Anderson, Executive Vice President of General Partner |
| Phillip M Anderson, Executive Vice President of General Partners |
| STATE OF FLORIDA 28 75 |
| COUNTY OF ORANGE |
| On this 27th day of February 2002 |
| Phillip M. Anderson , personally appeared before me, |
| |
| who is personally known to me |
| whose identity I proved on the basis of |
| |
| Sugnificant Public Signature Sugnificant S |
| SUZANNE M. McLAUGHLÌŃ (Notary's Printed Name) |
| Scal My Commission Expires: |

Delaware PAGE 1

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT CAMARILLO CA, 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 TWENTY-SECOND DAY OF FEBRUARY, A.D. 2002.



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AUTHENTICATION: 1627314

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DATE: 02-22-02