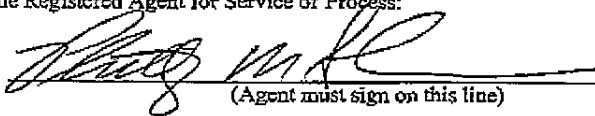




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**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. CNL Retirement Towson MD, 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. 2/21/2002  
(State of Formation) (Date of Formation)
5. Phillip M. Anderson  
(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 MAI GP, LLC, 450 S. Orange Ave, Orlando FL 32801
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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 FEB 28

CONTINUED

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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 27<sup>th</sup> day of February, 2002  
BY: CNL Retirement MAI GP, LLC, as General Partner

Phillip M. Anderson, Executive Vice President of General Partner

STATE OF FLORIDACOUNTY OF ORANGE

On this 27<sup>th</sup> 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 \_\_\_\_\_

Suzanne M. McLaughlin  
(Notary Public Signature)

SUZANNE M. McLAUGHLIN

(Notary's Printed Name)



Suzanne M. McLaughlin

My Commission CC972520

Expires October 03, 2004

Seal

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 FEB 28

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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 MAL GP, LLC,  
a general partner of CNL Retirement Towson MD, 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 \$ 25,000,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 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 27th day of February, 2002.  
BY: CNL Retirement MAL GP, LLC, as General Partner

Phillip M. Anderson  
General Partner  
Phillip M. Anderson, Executive Vice President of General Partner

STATE OF FLORIDA

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 \_\_\_\_\_

Suzanne M. McLaughlin  
(Notary Public Signature)

SUZANNE M. McLAUGHLIN  
(Notary's Printed Name)

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

 Suzanne M. McLaughlin  
My Commission CG972520  
Expires October 03, 2004

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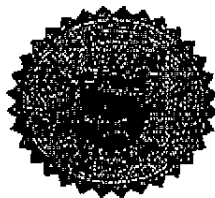
# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT TOWSON MD, 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.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 FEB 28



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

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AUTHENTICATION: 1627334

DATE: 02-22-02

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