### Florida Department of State

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

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Division of Corporations

Fax Number : (850)205-0383

From:

SUZANNE M. McLAUGHLIN

Account Name : CNL FINANCIAL GROUP, INC.

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

AL I

#### FOREIGN LIMITED PARTNERSHIP

CNL Retirement Towson MD, LP

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

DIVISION OF CORPORATION

https://ccfssl.dos.state.fl.us/scripts/efilcovr.exe

2/28/2002

withdrawn.

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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 part	nership as it is in the home state)
2.	,
(If name is unavailable, name under which the limited must contain the w	l partnership proposes to register or transact business in Florids rord "LIMITED" or "LTD.")
	·
3. Delaware	4. 2/21/2002
(State of Formation)	(Date of Formation)
5 Phillip M. Anderson	0
	Agent for Service of Process)
•	FEB
6. 450 S. Orange Avenue	
(Street Addre	ss of Registered Office)
Orlando	32801 ماندهان
(City)	, Florida32801 (Zîp Çode)
	• • •
7. Acceptance by the Registered Agent for Service of	Proceedings
1. Addressed by the Registered Agent 100 dervice of	1.00
11 11 May 1101	
(Agent m	ust sign on this line)
	-
8. 450 S. Orange Avenue, Orlando E	ь эгоот
(Address of registered office required in state of	f formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
	GIACEI ADDICESS
CNL Retirement MA1'.GP, LLC, 450 S	- Orange Ave. Orlando ET 32801
111111111111111111111111111111111111111	- Orthogo Mot Gridateo th Sizool
·	
	<u> </u>
10. 450 S. Orange Avenue, Orlando F	L 32801
(Office where Names, Addresses and	d Contributions of Limited Partners are kept.)

CONTINUED

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

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2 PO Box 4920, Orlando FL 32802-4920		
		ı
(Mailing Address of Limited Partnership	)	
Under penalties of perjury I, being duly sworn, declare that I have read the fore and that the facts stated herein are true and correct.	egoing and know the contents thereo	o <b>f</b>
By: CNL Retirement MAI GP, 12C/as Ge		
Phillip M. Anderson, Executive Vice	President of General P	artner
COUNTY OF ORANGE		TALES
On this 27th day of February, 2002.		AHASSEE 02 FEB
Phillip M. Anderson	personally appeared before me,	8 28 8 28
who is personally known to me		ORIDA
whose identity 1 proved on the basis of	•	-
SUZANNE M. MCLAUGHLIN		-
(Notary's Printed Name)  Suzanne M MeLaughlin  My Commission CC972520  Expires October 03, 2004		

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# AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Phillip M. Anderson, Executive Vice Presiden BEFORE ME the undersigned personally appeared CNL Retirement MA1 GP, LLC	t of
a general partner of CNL Retirement Towson MD, LP ,a(am) 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 an that the facts stated herein are true and correct.	JALLA JALLA
Signed this 27th day of February , 2002.	7
BY: CNL Retirement MAl GP, LLC, as General Partner	
	ms.
General Partner Phillip M. Anderson, Executive Vice President of General Par	₹ इ.स.
PHILLIP M. ALMEISON, EXECUTIVE VICE HESITED OF GENERAL TELE	>
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	
whose identity I proved on the basis of	_
Edge Wild Holle Signature)	
SUZANNE M. McLAUGHLIN (Notary's Printed Name)	
Seal My Commission Expires:	

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# Delaware

## 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.



Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1627334

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DATE: 02-22-02