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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

IVISION OF CORPORATION

FOREIGN LIMITED PARTNERSHIP

CNL Reitrement MA2 California, LP

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

(Name of m	mited partnership as it is in the home state)	
•	· • · · · · · · · · · · · · · · · · · ·	
f name is unavailable, name under which t must cor	the limited partnership proposes to register or transact business intain the word "LIMITED" or "LTD.")	î Flori
Delaware	4 11/19/2 <u>00</u> 2	
(State of Formation)	(Date of Formstion)	
Linda A. Scarcelli		λĽί
(Name of F	Registered Agent for Service of Process)	<u></u>
450 S. Orange Avenue	=	7. ()
(Str	reet Address of Registered Office)	<u> </u>
Orlando	Florida 32801	
(City)	(Zip Code)	<u></u>
	(Agent must sign on this line)	
450 S. Orange Avenue, Orland	(Agent must sign on this line) do FL 32801	
450 S. Orange Avenue, Orland	(Agent must sign on this line) do FL 32801 I in state of formation or, if not required, address of principal off	(cc.)
450 S. Orange Avenue, Orland	(Agent must sign on this line) do FL 32801	ico.)
450 S. Orange Avenue, Orland (Address of registered office required NAMES OF GENERAL PARTNERS	(Agent must sign on this line) do FL 32801 I in state of formation or, if not required, address of principal off	(cc.)
450 S. Orange Avenue, Orland (Address of registered office required NAMES OF GENERAL PARTNERS	(Agent must sign on this line) do FL 32801 I in state of formation or, if not required, address of principal off — STREET ADDRESS	·
450 S. Orange Avenue, Orland (Address of registered office required NAMES OF GENERAL PARTNERS	(Agent must sign on this line) do FL 32801 I in state of formation or, if not required, address of principal off — STREET ADDRESS ng, LLC, 450 S. Orange Ave, Orlando FL 32801	·
450 S. Orange Avenue, Orland (Address of registered office required NAMES OF GENERAL PARTNERS) CNL Reitrement MA2 GP Holding	(Agent must sign on this line) do FL 32801 I in state of formation or, if not required, address of principal off — STREET ADDRESS ag, LLC, 450 S. Orange Ave, Orlando FL 32801	· · · · · · · · · · · · · · · · · · ·

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			-
(Mailing Address of Limited Partnership	o)		
Under penalties of perjury I, being duly sworn, declare that I have read the fore and that the facts stated berein are true and correct.	egoing and know the contents t	fhereof	
Signed this 20th day of November	2002		
Linda A. Scarcelli, Asst. Secretary of FLORIDA	of GP		· <u> </u>
COUNTY OF ORANGE			. -
On this 20th day of November , 2002		02 NOV 25 SECRETARY SECRETARY	- :
Linda A. Scarcelli	, personally appeared before m	25 P	ביורנו
who is personally known to me		PM 3: 42 OF STATE E. FLORICA	
whose identity I proved on the basis of		- PE 2	
Suzanne M. McLaughlin (Notary's Printed Name)			• -



Scal

My Commission Expires:_

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

Linda A. Scarcelli, Asst. Secretary of GP BEFORE ME the undersigned personally appeared CNL Retirement MA2 GP Holding, LLC	
a general partner of CNL Retirement MA2 California, 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 \$ 4,950.00	
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 20th day of November 2002	
Signed diff.	
SECRETAR SEC	, 1
Since Sencell.	Υ <u>3</u>
Timfa A Scarcelli Aget Sporetamy of CP	יו י
	j j
STATE OF FLORIDA STATE OF STAT	
COUNTY OF ORANGE	
On this 20th day of November , 2002	·-
Linda A. Scarcelli	
who is personally known to me	
whose identity I proved on the basis of	
Sign Smill Which.	
(Notary Public Signafure)	
Suzanne M. McLaughlin	
Suzanne M. McLaughlin (Notary's Printed Name)	

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Delaware

PACE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT MA2 CALIFORNIA, 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 TWENTIETH DAY OF NOVEMBER, A.D. 2002.

SECRETARY OF STATE TALLAHASSEE PH 3: 42



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Daviet Smith Hindson

AUTHENTICATION: 2100275

DATE: 11-20-02

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