11/25/02 09:44 FAX 407 850 1065 Division of Corporations 1003

Florida Department of State

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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

FOREIGN LIMITED PARTNERSHIP

CNL Retirement MA3 Kentucky, LP

Certificate of Status	1
Certified Copy	I
Page Count	04
Estimated Charge	\$148.75

withdrawn.

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

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t is in the home state)
p proposes to register or transact business in Florida; FED" or "LTD.")
- · ·
1/19/2002
(Date of Formation)
Service of Process)
ARY
tered Office)
Florida 32801 5 5
Florids 32801 Code SIDA
On A

ell,
this line)
or, if not required, address of principal office.)
STREET ADDRESS
Orange Ave, Orlando FL 32801
ions 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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•					
(Mailing Address of I	in it i Tanta anali				
(washing Adoless of t	- Timea Lameren	p)			
nder penalties of perjury I, being duly swom, declare that d that the facts stated herein are true and correct.	I have read the for	regoing and know the	ic contents	thereof	
good this 20th day of November				٠	-
Long Q Se	arells				
Linda W. Scarcelli, General		of General F	artner		
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OUNTY OF ORANGE					Ĉ
On this 20th day of November	2002			YRY I	JC NON CO
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Linda A. Scarcelli	<u> </u>	, personally appear	ed before n	25.5°	ت. د
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who is personally known to me				22	
whose identity I proved on the basis of				 ·	
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C Change	<u> </u>				
DEADONAPH VI TWA				_	
(Notary Public Signs	gure)				
Owner and Market acceptable	-				
Suzanne M. McLaughlin (Notary's Printed Na		-			
(100)	,				
Seal My Commission Expires:					

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

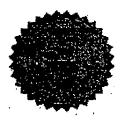
BEFORE ME the undersigned personally appe	Linda A. Scarc CNL Retirement			
a general partner of CNL Retirement M				>
limited partnership, hereinafter referred to as the	· -			
	- ,			
1. The amount of capital contributions of the l	limited partners is $3 \frac{4,950}{1}$	<u>.00</u> .		
2. The anticipated amount of the capital contri	-		for the purposes of	•
transacting business in Florida is \$ 0	<u></u>		.	•
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that the facts stated herein are true and correc		i ine joi egoing una	WHO IN THE CONTESTION P	nereoj una
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	General Pariner	cells_		mon H
Linda A. Sc	arcellí, Asst. Sec	retary of Ge	neral Partne	OF STAT
STATE OF FLORIDA		· •		1018 3116 747
COUNTY OF ORANGE	e e e	- Terr		
	ay of November	2	2002	
On this <u>20th</u> de	ay of	1	,	-
Linda A. Scarcelli		erconally appeared	reforcine,	
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who is personally known to me		-	·	
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TISA WHOLEHILLEN AL.		÷		
(Notary Poblic Signature)		. 		
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Suzanne M. McLaughlin (Notary's Printed Name)		- 		
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Scal My Commission Expires:		. = -	4 5.6	_

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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 MAS KENTUCKY, 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.



3593074

020713949

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2100418

DATE: 11-20-02