

B0300 0000151

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000159651 6)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 ER3, LP

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

RECEIVED
03 APR 29 PM 2:02
DIVISION OF CORPORATION


03 APR 29 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTACHED
AND
FILED

479-23

H03000159651 6

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

1. CNL Retirement ER3, 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. 4/16/2003
(State of Formation) (Date of Formation)
5. Linda A. Scarcelli
(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 |
|-----------------------------------|---|
| <u>CNL Retirement ER3 GP, LLC</u> | <u>450 S. Orange Avenue, Orlando FL 32801</u> |
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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

H03000159651 6

03 APR 29 PM 2:18
RECEIVED
FLORIDA
SECRETARY OF STATEAPPROVED
AND
FILED

04/29/03 12:57 FAX 407 650 1065

CNL TAX ACCOUNTING

003/003

H03000159651 6

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 28 day of April, 2003



General Partner

Linda A. Scarcelli, Asst. Secretary of General Partner

STATE OF FLORIDA

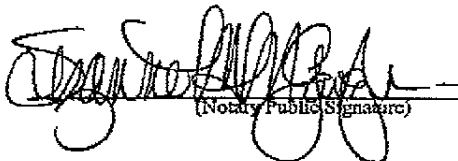
COUNTY OF ORANGE

On this 28th day of April, 2003

Linda A. Scarcelli, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



(Notary Public Signature)

Suzanne M. McLaughlin

(Notary's Printed Name)



Suzanne M. McLaughlin
My Commission CC972520
Expires October 03, 2004

Seal

My Commission Expires: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 APR 29 PM 2:18

APPROVED
AND
FILED

H03000159651 6

04/29/03 12:58 FAX 407 650 1085

CNL TAX ACCOUNTING

004/005

H03000159651 6

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Linda A. Scarcelli, Assistant Secretary of CNL Retirement ER3 GP, LLC
a general partner of CNL Retirement ER3, 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 \$ 4,950.

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 28 day of April, 2003.


General Partner

Linda A. Scarcelli, Asst. Secretary of General Partner

STATE OF FLORIDA

COUNTY OF ORANGE

On this 28th day of April, 2003,

Linda A. Scarcelli, personally appeared before me,


- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____


(Notary Public Signature)

Suzanne M. McLaughlin

(Notary's Printed Name)

Seal My Commission Expires: _____

 Suzanne M. McLaughlin
My Commission CC972320
Expires October 03, 2004

H03000159651 6

03 APR 29 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

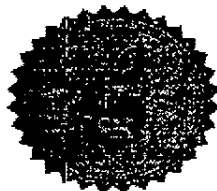
H03000159651 6.

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT ER3, 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 SIXTEENTH DAY OF APRIL, A.D. 2003.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3648260 8300
030250116

AUTHENTICATION: 2370114
H03000159651 6
DATE: 04-16-03