### 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.

(((H030002129986)))

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 : (8

: (850)205-0383

Exom.

SUZANNE M. McLAUGHLIN

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)650-1065 03 JUN 12 PH 3: 52
DIVISION OF CORPORATION

#### FOREIGN LIMITED PARTNERSHIP

CNL Retirement SLB Florida, LP

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

My Sto

withdrawn,

H03000212998 6

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

1 CNL Retirement SLB Florida, LP	
(Name of limited partie	crship as it is in the home state)
2. (If name is mayailable, name under which the limited p must contain the wo	partnership proposes to register or transact business in Florida; and "LIMITED" or "LTD.")
3. Delaware	4, 05/20/2003
(State of Formation)	(Date of Formation)
5_ Linda A. Scarcelli	
(Name of Registered A	gent for Service of Process)
450 S. Orange Avenue	
(Street Address	s of Registered Office)
Oriando	, Florida 32801
(City)	(Zip Code)
7. Acceptance by the Registered Agent for Service of P. (Agent mus	t sign on this line)
3. 450 S. Orange Avenue, Orlando FL 328	301
	<u> </u>
(Address of registered office required in state of i	formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
CNL Retirement SLB GP, LLC, 450 S. Or	range Avenue, Orlando FL 32801
M030000	x 800
450 S. Orange Avenue, Orlando FL 32	801
	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

06/12/03	13:28	FAX	407	650	1065
				~~~	T- A- A- A- A-

CNL TAX ACCOUNTING

H03000212998 6

PO Box 492	0, Orlando FL 32802-4920		
		<u> </u>	
	(Mailing Address of Limited	Partnership)	<del></del>
	ajury I, being duly sworn, declare that I have od herein are true and correct.	read the foregoing and know the contents th	ereof
Signed this	day of June	2003	
· _	inds A Scarcelli, Asst Secre	tell.	
STATE OF FLO	RIDA	comity of Seneral Partner	· · · · · · · · ·
COUNTY OF OR	ANGE	· - · · · · · · · · · · · · · · · · · ·	<u> </u>
On this 3	rd day of June 200	03	
Linda A. Scarc	elli	, personally appeared before me	s
who is personally	known to me		03 . SECI
whose identity I p	roved on the basis of		FIL 03 JUH 12 SECRETARY VILLAHASSE
			TRANSPORTER TO THE PROPERTY OF
	TORUM PUDIT SIGNALIZA	<u>.                                    </u>	AH 8: 31
Sizenno M Mei aughiin Ny Commission CC972820 Xpires October 03, 2004	Suzanne M. McLaughlin (Notary's Printed Name)	<del></del>	
Seal	My Commission Expires:		

H03000212998 6

## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared CNL Ret	. Scarcelli, Asst Secretary of Greent SLB GP, LLC	_
a general partner of CNL Retirement SLB Florida, LP	) Delaware	
imited partnership, hereinafter referred to as the "Partnership", w		<u> </u>
1. The amount of capital contributions of the limited partners is 3		
<ol> <li>The anticipated amount of the capital contributions of the limitransacting business in Florida is \$ 15,000,000</li> </ol>	ited partners that are allocated for the purposes of	
Under the penalties of perjury I, being duly sworn, declare that I	have read the foregoing and know the contents th	ereof and
that the facts stated herein are true and correct.		
Signed this 3 day of June , 2	003	
STATE OF FLORIDA  COUNTY OF ORANGE  On this	Partner t Secretary of General Partner une 2003 personally appeared before me,	O3 JUN 12 AM 8: 31 SECREDARY OF STATE VALUATIONS SEEF, 11 ORIDA
who is personally known to me		
whose identity I proved on the basis of		
Sa S. Maro 1.		
Notary Public Signature  Suzanne M. McLaughlin  (Notary's Printed Name)		F F.

HO3000212998 6 .

# Delaware :

The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT SLB FLORIDA, 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-FIRST DAY OF MAY, A.D. 2003.



Warriet Smith Windson, Secretary of State

8300 AUTHENTICATION: 2429096

H03000212998 6 DATE: 05-21-03

3660414 8300

030326095