Florida Department of State

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(((H03000212783 2)))

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To:

Division of Corporations

: (850)205-0383 Fax Number

From:

SUZANNE M. McLAUGHLIN

Account Name : CNL FINANCIAL GROUP, INC.

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

: (407)650-1065 Fax Number

FOREIGN LIMITED PARTNERSHIP

CNL Retirement MA4 Florham Park NJ, LP

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

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

| 1 CNL Retirement MA4 Florham Park NJ, LP (Name of limited partnership at | s it is in the home state) | | |
|---|--|--------------|--|
| 2. (If name is unavailable, name under which the limited partners | nip proposes to register of transact busine | ss in Floric | |
| must contain the word "LIM | · | | |
| 3. Delaware 4. | _{4、} 5/14/2003 | | |
| (State of Formation) | (Date of Formation) | | |
| 5. Linda A. Scarcelli | | | |
| (Name of Registered Agent fo | r Service of Process) | (| |
| 450 S. Orange Avenue | | <u>.</u> | |
| (Street Address of Reg | • | | |
| Orlando | , Florida 32801 (Zip Code) | 1 | |
| (City) | (Zip Code) | 3. | |
| 7. Acceptance by the Registered Agent for Service of Process: | | ا الحياد | |
| (Agent must sign o | n this line) | | |
| 8. 400 O. Orange Avende, Oriando i E 0200 i | 4 | | |
| (Address of registered office required in state of formation | on or, if not required, address of principal | office.) | |
| 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS | | |
| CNL Retirement MA4 GP Holding, LLC, 450 S | . Orange Ave, Orlando FL 3280 | 1 | |
| mo3-1641 | | | |
| | | | |
| 10. 450 S. Orange Avenue, Orlando FL 32801 | | | |
| (Office where Names, Addresses and Contrib | utions of Limited Partners are kept.) | | |
| 11. The limited partnership will undertake to keep the records I limited partner or limited partners until the limited partners | | | |

CONTINUED

| (Mailing Address of Li | mited Partnership) | | |
|--|-----------------------------------|--------------|--|
| Inder penalties of perjury I, being duly sworn, declare that I | - ' | | |
| nd that the facts stated herein are true and correct. | | | |
| igned this 5 day of June | 2003 | | |
| | _ | | |
| Linda A. Bearcelli Goperat P. | Tant Secretary of General Partner | | |
| TATE OF FLORIDA | | | |
| OLIMEN OF ORANGE | | | |
| OUNTY OF CRANGE | | | |
| On this 3'd day of June | 2003 | <i>4</i> ~ = | |
| | | E. | |
| Linda A. Scarcelli | , personally appeared before me, | | |
| who is personally known to me | Fe : | ∵ . | |
| - | <u> </u> | ~ <u>.</u> | |
| whose identity I proved on the basis of | Typia | Ç) | |
| | | - | |
| | | | |

Suzanne M. McLaughlin

(Notary's Printed Name)

Scal

My Commission Expires:

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

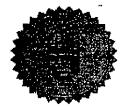
| BEFORE ME the undersigned personally appeared CNL Retirement MA4 GP Holding, LLC | f | | |
|---|----------------------------|----------------------|---------------------------------------|
| t general partner of CNL Retirement MA4 Florham Park NJ, LP _{a (an)} Delaware | | ÷÷ | • |
| limited partnership, hereinafter referred to as the "Partnership", who certifies as follows: | | · · · - | . — |
| The amount of capital contributions of the limited partners is \$ 18.000.000 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 content | is thereof a | nď | |
| that the facts stated herein are true and correct. | | | |
| Signed this | | | |
| | ini Programa I | ر <u>د</u> د . | |
| General Partner Linda W. Scarcelli, Asst Secretary of General Partner | ا بدين ميان ميان | | · · · · · · · · · · · · · · · · · · · |
| STATE OF FLORIDA | gara Garaga Kanangan | | |
| COUNTY OF_ORANGE | 3 | ç. <u>ş</u> | |
| On this and day of June 2003 | | | |
| Linda A. Scarcelli , personally appeared before me, | | | |
| who is personally known to me | | | |
| whose identity I proved on the basis of | | | |
| | | | |
| Skanne Hampeugh . | | | • |
| Suzanne M. McLaughlin (Notary's Printed Name) | | | |
| Seal My Commission Evalues | | | |

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT MAA FLORHAM PARK NJ, 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-EIGHTH DAY OF MAY, A.D. 2003.



Warriet Smith Windson Harriet Smith Windson Secretary of Staze

3658432 8300

030347372

AUTHENTICATION: 2440109

H03000212783 2 DATE: 05-26-03