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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 Eden1 Jacksonville FL, LLLP

Certificate of Status	1
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE

Glanda E. Hood
Secretary of State

August 4, 2003

CNL FINANCIAL GROUP, INC.

SUBJECT: CNL RETIREMENT EDEN1 JACKSONVILLE, FL, LLLP
REF: W03000021915

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

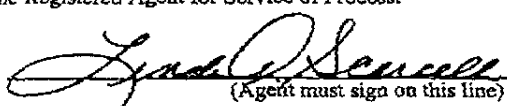
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Trevor Brumbley
Document Specialist

FAX Aud. #: H03000246358
Letter Number: 503A00044642

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

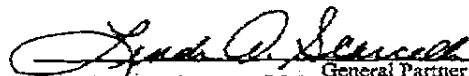
1. CNL Retirement Eden1 Jacksonville FL, LLLP
(Name of limited partnership as it is in the home state)
2. CNL Retirement Eden1 Jacksonville FL, LLLP, Ltd.
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")
3. Delaware 4. 6/24/03
(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 |
|---|----------------|
| CNL Retirement Eden1 Florida GP, LLC, 450 S. Orange Ave, Orlando FL 32801 | |
| <u>103-2498</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

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 9th day of July, 2003

Linda A. Scarcelli, Asst Secretary of General Partner

STATE OF FLORIDACOUNTY OF ORANGEOn this 9th day of July, 2003Linda 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 CC972520
Expires October 03, 2004

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Linda A. Scarcelli, Asst Secretary of CNL Retirement Eden1 Florida GP, LLC
a general partner of CNL Retirement Eden1 Jacksonville FL, LP (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 \$ 10,000,000
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 10,000,000.

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 9th day of July, 2003.

Linda A. Scarcelli
General Partner

Linda A. Scarcelli, Asst Secretary of General Partner

STATE OF FLORIDA

COUNTY OF ORANGE

On this 9th day of July, 2003,

Linda A. Scarcelli, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Suzanne M. McLaughlin
(Notary Public Signature)

Suzanne M. McLaughlin
(Notary's Printed Name)

Seal My Commission Expires: _____

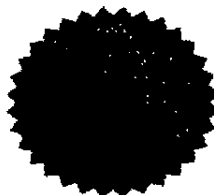
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT EDEN1 JACKSONVILLE FL, LLLP" 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 SECOND DAY OF JULY, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

JUL 14 2003
T. WINDSOR
FLORIDA

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3674184 8300

AUTHENTICATION: 2509746

030439278

DATE: 07-02-03

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