

Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

AMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.
Account Number : 113615003626
Phone : (407) 650-1000
Fax Number : (407) 650-1065

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DIVISION OF CORPORATION

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FOREIGN LIMITED PARTNERSHIP

CNL Retirement Sun1 Edmonds WA, LP

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

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

1. CNL Retirement Sun1 Edmonds WA, 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

(State of Formation)

September 5, 2003

(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

(City)

Florida

32801-3336

(Zip Code)

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TALLAHASSEE, FLORIDA

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7. Acceptance by the Registered Agent for Service of Process:



(Agent must sign on this line)

8. 450 S. Orange Avenue

Orlando, FL 32801-3336

(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 Sun1 Edmonds WA GP, LLC

450 S. Orange Ave.

Mo3-3131

Orlando, FL 32801-3336

10. 450 S. Orange Avenue, Orlando, FL 32801-3336

(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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

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12. P.O. 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 11th day of September, 2003

By: CNL Retirement Sml Edmonds WA GP, LLC, as General Partner

By: Linda A. Scarcelli, Assistant Secretary of General PartnerSTATE OF FLORIDACOUNTY OF ORANGEOn this 11th day of September, 2003Linda A. Scarcelli, personally appeared before me,☒ who is personally known to me☐ whose identity I proved on the basis of _____
(Notary Public Signature)

Amy J. Patterson

(Notary's Printed Name)

Seal

My Commission Expires: _____



Amy J. Patterson
My Commission D00203736
Expires June 27, 2007

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 SEP 23 PM 12:04

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Linda A. Scarcelli, Assistant Secretary of the
a general partner of CNL Retirement Sun1 Edmonds WA, 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 \$323,781,626.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 4950.00.

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 11th day of September, 2003

By: CNL Retirement Sun1 Edmonds WA GP, LLC, as General Partner

Linda A. Scarcelli

By: Linda A. Scarcelli, Assistant Secretary of General Partner

STATE OF FLORIDA

COUNTY OF ORANGE

On this 11th day of September, 2003

Linda A. Scarcelli personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Amy J. Patterson
(Notary Public Signature)

Amy J. Patterson

(Notary's Printed Name)

Seal

My Commission Expires: _____



Amy J. Patterson
My Commission DD0203735
Expires June 27, 2007

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Delaware

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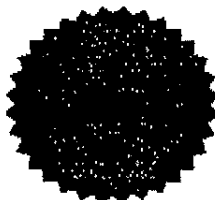
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT SUN1 EDMONDS WA, 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 FIFTH DAY OF SEPTEMBER, A.D. 2003.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 SEP 23 PM 12:04

FILED

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3700148 6300

AUTHENTICATION: 2617650

030573794

DATE: 09-05-03

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