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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

AMY J. PATTERSON

: CNL FINANCIAL GROUP, INC. Account Name

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)650-1065

FOREIGN LIMITED PARTNERSHIP

CNL Retirement Sun1 Madison NJ, LP

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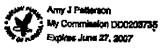
9/23/2003

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

1. CNL Retirement Sun1 Madison NJ, LP		·	
(Name of limited partnership	as it is in th	e home state)	
2. (If name is unavailable, name under which the limited partners must contain the word "LII	ship propos MITED" or	es to register or transact busin	ness in Florida;
Jelaware	Septem	ber 5, 2003	
(State of Formation)		(Date of Formation)	505: N
Linda A. Scarcellí		( { }	
(Name of Registered Agent for	or Service o	f Process)	777
6, 450 S. Orange Avenue		! !	OF STATE
(Street Address of Re	gistered Of	fice)	- <del>1201 -</del> C
Orlando	File	32801-3336	
(City)	, 110	(Zip Code)	
7. Acceptance by the Registered Agent for Service of Process:  (Agent must sign of	ll		
3. 450 S. Orange Avenue			
Orlando, FL 32801-3336	···		
(Address of registered office required in state of formati	on or, if no	required, address of principa	al office.)
9. NAMES OF GENERAL PARTNERS	;	STREET ADDRESS	
CNL Retirement Sun1 Madison NJ GP, LLC	45	50 S. Orange Ave.	
M-03-3136	– Orl	ando, FL 32801-3336	
	<u></u>		
450 S. Orange Avenue, Orlando, FL 32801-	3336		
(Office where Names, Addresses and Contrib	utions of L	imited Partners are kept.)	<del></del>
<ol> <li>The limited partnership will undertake to keep the records I limited partner or limited partners until the limited partners withdrawn.</li> </ol>	isting the a ship's regist	ddresses and capital contribut ration in Florida is canceled o	dons of the or
CONTINUE	ED :		

7 2 1 1 1	
)	71.
3	

* · · · · · · · · · · · · · · · · · · ·		
_ P.O. Box 4920	H	0300028238
2. F.O. BOX 4920		
Orlando, FL 32802-4920	i 	
(Mailing Address of Limit	ed Partnership)	
inder penaltics of perjury I, being duly sworn, declare that I haved that the facts stated herein are true and correct.	e read the foregoing and know the content	is thereof
igned this 11 the day of September	2003	
By: CNL Retirement Sunl Madison	NJ GP, LLC, as General Partn	ėr
By: Linda A. Scarcelli, Assista	or Secretary of General Part	ner
El ADIDA	in bolling of dentity tare	
TATE OF FLORIDA		
OUNTY OF ORANGE		
JONII Or	<u>-</u>	
On this 114 day of September 2	) 003 ·	
On this 1144 day of September 2	<del></del>	CALLEDY AMARIAN
Linda A. Scarcelli	: 	
	personally appeared before	me SS 70
who is personally known to me	TO THE STATE OF TH	1 12:00 1 12:00
and is particularly and with to find	,	٠,
whose identity I proved on the basis of	<u> </u>	
	1	
	,	
(Notary Public Signature)		
Arny J. Patterson	!	
(Notary's Printed Name)		
	1	
Seal My Commission Expires:	<u> </u>	
-		
	1	



## AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Linda A. Scarcel	ii, Assistant Secretary of the
a general partner of CNL Retirement Sun1 Madison NJ, LP	, a (an) Delaware
limited partnership, hereinafter referred to as the "Partnership", who certifie	1
	l signs a sec
1. The amount of capital contributions of the limited partners is \$ 3.23,	
2. The anticipated amount of the capital contributions of the limited partner 4950 00	s that are allocated for the purposes of
transacting business in Florida is \$ 4950.00	
Under the penalties of perjury 1, being duly sworn, declare that I have read	the inventor and know the contents thereof and
that the facis stated herein are true and correct.	·
Signed this 114 day of September 2003	· !
By: CNL Retirement Sunl Madison NJ GP,	LLC. as General Partner
Sy. one hoorement some margon no dry	£ 8
Dide & Scarcelle	Secretary of General Partner
By; Linds A. Scarcelli, Assistant	Secretary of General Partner
STATE OF FLORIDA	Secretary of General Partner SIALE STATES OF S
COUNTY OF ORANGE	-
On thisday ofSeptember	, 2003
Linda A. Scarcelli pe	; isonally appeared before me,
_	
who is personally known to me	1
whose identity I proved on the basis of	
Notary Public Signature)	
Amy J. Patterson	:
(Notary's Printed Name)	-
Seal My Commission Expires:	•

## Delaware

PAGE 1

The First State

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

OS SEF 23 FM IZ: DE

3700142 8300 Harrier AUT

030573759

Warriet Smith Hindson

Harrier Smith Windsor, Secretary of State
AUTHENTICATION: 2622216

DATE: 09-09-03

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