Florida Department of State TALLAMINISEE FLORIDA

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To:

Division of Corporations

Fax Number : (850)205-0393

AMY J. PATTERSON

From:

Account Name

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone

Fax Number

: (407)650-1000 : (407)650-1065

FOREIGN LIMITED PARTNERSHIP

CNL Retirement HB2 Smithfield RI, LP

Certificate of Status	· 1
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR OUT AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

CNL Retirement HB2 Smithfield RI, LP (Name of limited partnership as it is in the home state) (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.") Delaware January:7, 2004 (State of Formation) (Date of Formation) Linda A. Scarcelli (Name of Registered Agent for Service of Process) 450 S. Orange Avenue (Street Address of Registered Office) Orlando 32801-3336 (City) (Zip Code) 7. Acceptance by the Registered Agent for Service of Process: cent inust sign on this line) 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 HB2 Smithfield RI GP, LLC 450 S. Orange Ave., Orlando, FL 3280 M040000000 235 450 S. Orange Ave., Orlando, FL 32801-3336 (Office where Names, Addresses and Contributions of Limited Partners are kept.)

CONTINUED

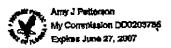
11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or

1 16:45 FAX 407 650 1065 CNL TAX ACCOUNTS	ING
	H0400001458
P.O. Box 4920	04 JAN 21 63
Orlando, FL 32802-4920	TALLAHAS SEE, E
(Mailing Address of Limited Partne	ership)
Under penalties of perjury I, being duly sworn, declare that I have read thand that the facts stated herein are true and correct.	of foregoing and know the contents thereof
Signed this 12th day of January	, 2004
STATE OF FLORIDA	}
COUNTY OF ORANGE	
On this 13th day of January 2004	
Robert A. Bourne	, personally appeared before me,
who is personally known to me	
whose identity I proved on the basis of	
	1
(Nolary Public Signature)	*
Amy J. Patterson (Nolary's Printed Name)	
(Noticy & Filmed Indite)	: ·
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS PARTNERSHIP	FOR A FOREIGN LIMITED
	TALL AND THE STAT
BEFORE ME the undersigned personally appeared Robert A. Bourne,	Manager of the LIGRI
a general partner ofCNL Retirement HB2 Smithfield RI, 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 S 22, To	0,000.00
2. The anticipated amount of the capital contributions of the limited partners transacting business in Florida is $\frac{4,950.00}{}$.	that are allocated for the purposes of
Under the penalties of perjury I, being duly sworn, declare that I have read to	he foregoing and know the contents thereof and
that the facts stated herein are true and correct.	-
Signed this	• • • • • • • • • • • • • • • • • • •
STATE OF FLORIDA	
COUNTY OF ORANGE	·
On this 13th day of January	2004
Robert A. Bourne	sonally appeared before me,
who is personally known to me whose identity I proved on the basis of	
(Nytary)Public Signature)	
Arny J. Patterson (Notary's Printed Name)	
,	



My Commission Expires:

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Delaware

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TALLAHESSEE FLOR

The First State

I, HARRIET SMITE WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT HE2 SMITHFIELD RI, 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 EIGHTH DAY OF JANUARY, A.D. 2004.



Darnet Smith Hinden

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 2857049

DATE: 01-08-04

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