




H04000014589.3

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

04 JAN 21 AM 9:10  
TALLAHASSEE, FLORIDA

1. CNL Retirement HB2 South Kingstown RI, 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)
4. January 7, 2004  
(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 32801-3336  
(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 32801-3336  
(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 South Kingstown RI GP, LLC m040000000234  
450 S. Orange Ave., Orlando, FL 32801-3336
10. 450 S. Orange Ave., 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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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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SEAL  
TALLAHASSEE, FLORIDA

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 13th day of January, 2004STATE OF FLORIDACOUNTY OF ORANGEOn this 13th day of January, 2004Robert A. Bourne, 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 DD0203735  
Expires June 27, 2007

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01/21/04 16:55 FAX 407 650 1065

CNL TAX ACCOUNTING

004/005

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**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP**

04 JAN 21 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BEFORE ME the undersigned personally appeared Robert A. Bourne, Manager of the  
general partner of CNL Retirement HB2 South Kingstown RI, LP Delaware

limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 19,700,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 4,950.00

*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 13<sup>th</sup> day of January, 2004.



STATE OF FLORIDA

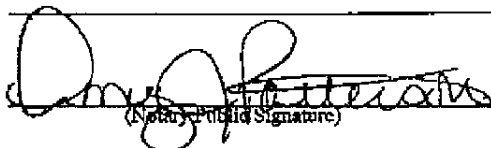
COUNTY OF ORANGE

On this 13<sup>th</sup> 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 \_\_\_\_\_



Amy J. Patterson

(Notary's Printed Name)

Seal My Commission Expires: \_\_\_\_\_



Amy J. Patterson  
My Commission DDC203736  
Expires June 27, 2007

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# Delaware

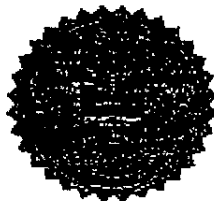
*The First State*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT HB2 SOUTH KINGSTOWN 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 FIFTEENTH DAY OF JANUARY, A.D. 2004.



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2872239

DATE: 01-15-04

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