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To:

Division of Corporations

Fax Number : (850) 205-0383

AMY J. PATTERSON

From:

: CNL FINANCIAL GROUP, INC. Account Name

Account Number : 113615003626

Phone

: (407)650-1000

Fax Number

: (407)650-1065

FOREIGN LIMITED PARTNERSHIP

CNL Retirement HB2 West Palm Beach FL, LP

| Certificate of Status | 1 |
|-----------------------|------------|
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 22, 2004

CNL FINANCIAL GROUP, INC.

SUBJECT: CNL RETIREMENT HB2 WEST PALM BEACH FL, LP

REF: W04000002747

DIVISION OF CORPORATIONS
OF JAN 22 PH 1: 03

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.

In your *ffidavit of capital contributions, the amount in #2 cannot be larger than the figure in #1.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document place call (850) 245-6958.

Lee Rivers Document Specialist FAX Aud. #: H04000014594 Letter Number: 804A00003896

withdrawn.

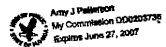
H040000145943

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

| CNL Retirement HB2 West Palm Beach FL, LP | | | | |
|--|--|--|--|--|
| (Name of limited partnership as it is in the | home state) | | | |
| (If name is unavailable, name under which the limited partnership propose must contain the word "LIMITED" or | s to register or transact business in Florid LTD.") | | | |
| 3 Delaware 4 January | 7, 2004 | | | |
| (State of Formation) | (Date of Formation) | | | |
| 5. Linda A. Scarcelli | · | | | |
| (Name of Registered Agent for Service o | ' | | | |
| 450 S. Orange Avenue | · · · · · · · · · · · · · · · · · · · | | | |
| (Street Address of Registered Off | ice) | | | |
| Orlando . Flor | 32801-3336 (Zin Code) | | | |
| (City) | (Zip Code) | | | |
| 7. Acceptance by the Registered Agent for Service of Process: (Agent must sign on this line) 450 S. Orange Avenue | | | | |
| Orlando, FL 32801-3336 | <i>;</i> | | | |
| (Address of registered office required in state of formation or, if no | required, address of principal office.) | | | |
| 9. NAMES OF GENERAL PARTNERS | STREET ADDRESS | | | |
| CNL Retirement HB2 West Palm Beach FL GP, LLC | MO4-232 | | | |
| 450 S. Orange Avenue, Orlando, FL 32801-3336 | | | | |
| | | | | |
| 10. 450 S. Orange Ave., Orlando, FL 32801-3336 | | | | |
| (Office where Names, Addresses and Contributions of I | imited Partners are kept.) | | | |
| 11. The limited partnership will undertake to keep the records listing the a limited partner or limited partners until the limited partnership's regis | ddresses and capital contributions of the sation in Florida is canceled or | | | |

CONTINUED

| 1 10:58 FAX 407 650 1065 CNL TAX | ACCOUNTING | <u> </u> |
|---|---------------------------------------|------------------------|
| | | H040000145943 |
| 12. P.O. Box 4920 | | |
| Orlando, FL 32802-4920 | | |
| (Mailing Address of Li | mited Partnership) | |
| Under penalties of perjury I, being duly sworn, declare that I and that the facts stated herein are true and correct. | have read the foregoing and know ; | v the contents thereof |
| Signed this 13th day of January | 2004 | _ |
| / | | * |
| STATE OF FLORIDA | 7,7,7,7,7 | - |
| COUNTY OF ORANGE | - | IC *O |
| On this 1324 day of January | 2004 | JAN 22 |
| Robert A. Bourne | personally appe | PH PO |
| who is personally known to me | | : 03 |
| whose identity I proved on the basis of | ! | |
| (Notary Public Signati | Ire) | |
| Amy J. Patterson | | |



My Commission Expires:_

Seal

H040000145943

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

| BEFORE ME the undersigned personally appeared Robert A. Bour | ne, Manager (| of the | | , | • |
|--|------------------------------|------------------|---------------|-------------|-----------------|
| a general partner of CNL Retirement HB2 West Palm Beach | h I j _{a (an)} Dela | ware | | | |
| limited partnership, hereinafter referred to as the "Partnership", who certi- | | | | | |
| 1. The amount of capital contributions of the limited partners is 5 2, 3 | 00.000.00 | | | | |
| 2. The anticipated amount of the capital contributions of the limited parts transacting business in Florida is \$ 3.300,000. | ners that are alloca | ted for the purp | oses of | | |
| Under the penalties of perjury I, being duly sworn, declare that I have re | ad the foregoing a | nd know the co | ntents ther | eof and | |
| that the facts stated herein are true and correct. | i. | | | | |
| Signed this 13th day of January , 2004 | | | | | |
| | | | | 04 JAN 22 | PINISION |
| | | | | 22 | OF CORPORATIONS |
| STATE OF FLORIDA | | - | | PM I | RPORI |
| COUNTY OF ORANGE | <u>.</u> | | | 1:03 | |
| On this 13th day of January | | 2004 | > | | <i>හ</i> |
| Robert A. Bourne | , personally appear | ed before me, | | | |
| who is personally known to me whose identity I proved on the basis of | | | | | . |
| | | | | | - . |
| (Notar) Public & Ignature) | | | • • • | | |
| Army J. Patterson (Notary's Printed Name) | t | . . | • | , | |
| | <u>.</u> | | | • | |
| Seal My Commission Expires: | | | | | |

H040000145943

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIDEMENT HB2 WEST PALM BEACH."

FL, LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE

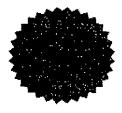
AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JANUARY,

A.D. 2004.

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

DIVISION OF CORPORATIONS

04 JAN 22 PM 1: 03



Darniet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2858284

DATE: 01-08-04

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