

1/22/04 10:03 FAX 407 650 1065 CNL TAX ACCOUNTING 0000008  
Division of Corporations Page 1 of 1

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Florida Department of State  
Division of Corporations  
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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

**FOREIGN LIMITED PARTNERSHIP**

**CNL Retirement HB2 Boynton Beach A FL, LP**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$1,846.25

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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 BOYNTON BEACH A FL, LP  
REF: W04000002738

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 affidavit of capital contributions, the figure 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, please call (850) 245-6958.

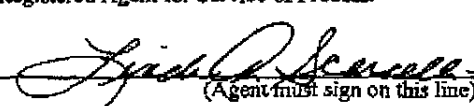
Lee Rivers  
Document Specialist

FAX Aud. #: E04000014540  
Letter Number: 604A00003884

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

1. CNL Retirement HB2 Boynton Beach A FL, 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 4. January 7, 2004  
(State of Formation) (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 |
|--|----------------|
| <u>CNL Retirement HB2 Boynton Beach A FL GP, LLC</u> | <u>104-229</u> |
| <u>450 S. Orange Ave., Orlando, FL 32801-3336</u>    |                |
|  |                |
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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CNL TAX ACCOUNTING

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

*[Signature]*

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 \_\_\_\_\_

*[Signature]*  
(Notary Public Signature)

Amy J. Patterson

(Notary's Printed Name)

Seal

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



Amy J. Patterson  
My Commission D00203735  
Expires June 27, 2007

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

BEFORE ME the undersigned personally appeared Robert A. Bourne, Manager of the  
a general partner of CNL Retirement HB2 Boynton Beach A F, 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 \$ 7,600,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 7,600,000.00

*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

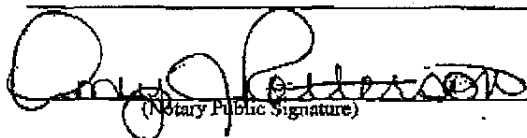
COUNTY OF ORANGE

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 \_\_\_\_\_

  
(Notary Public Signature)

Amy J. Patterson

(Notary's Printed Name)

Seal

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



Amy J. Patterson  
My Commission D00208735  
Expires June 27, 2007

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# Delaware

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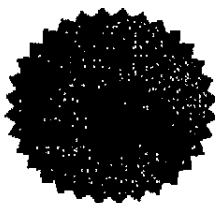
*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT HB2 BOYNTON BEACH A 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 EIGHTE DAY OF JANUARY, A.D. 2004.

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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2856942

DATE: 01-08-04

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