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(((H04000067293 3)));

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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 Sun2 Wilmette IL, LP

| Certificate of Status | |
|-----------------------|----------|
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| (Name | of limited partnership as it is in | the home state) | | 3 |
|---|---|---|--|-------|
| | | : | | |
| 2 | | | | |
| (If name is unavailable, name under wh mus | ich the limited parmership prop a contain the word "LIMITED" | poses to register or transact business in F or "LTD.") | lorida; | |
| 3. Delaware | ₄ Marc | h 11, 2004 | | |
| (State of Formation) | | , (Date of Formation) | • • | |
| 5. Linda A. Scarcelli | | 1 | | |
| (Name | of Registered Agent for Service | e of Process) | | |
| 6, 450 S. Orange Avenue | | ¥ ¥ | | |
| | (Street Address of Registered) | Office) | | |
| Orlando | . F | 32801-3336 | | |
| (City) | | (Zip Code) | | |
| 7. Acceptance by the Registered Agent | for Service of Process: | , | | |
| | | , | TAI 40 | |
| | (Agent must sign on this lin | ee | S S | |
| 450 S. Orange Avenue | (Agent must sign on ans m | i i | R 30 ETAI | FA |
| Orlando, FL 32801-3336 | | | 04 MAR 30 PM 12: 36 SECRETARY OF STATE FALL AHASSEF, FI ORIE | E S |
| (Address of registered office requ | ired in state of formation or, if | not required, address of principal office | 7 75 8 | |
| 9. Names of general partner | S | STREET ADDRESS | SET 36 | |
| CNL Retirement Sun2 Wilme | tte IL GP, LLC VMO | 4-1123 | A | |
| 450 S. Orange Ave., Orlando | , FL 32801-3336 | • | | |
| | a a manada a | | _ | |
| | | | | |
| | | r | | |
| 10. 450 S. Orange Ave., Orland | do, FL 32801-3336 | , | | |
| (Office where Names, | Addresses and Contributions of | f Limited Partners are kept.) | | · · - |

 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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

| 4 13:37 FAX 407 650 1085 CNL 7 | TAX ACCOUNTING | <u> </u> |
|--|--------------------------|--------------------------------------|
| | | H04000067293 |
| | • | |
| P.O. Box 4920 | * | |
| Orlando, FL 32802-4920 | | |
| (Mailing Address | of Limited Partnership |) |
| Under penalties of perjury I, being duly sworn, declare to and that the facts stated herein are true and correct. | nat I have read the fore | egoing and know the contents thereof |
| Signed this 290d day of March | | 2004 |
| K4 17 1 1 | 9 | GP, LLC, as General Partner |
| By: Steven M. Wortman, | · · VP of Finan | ce of General Partner |
| STATE OF PLORIDA | <u></u> | |
| COUNTY OF ORANGE | | |
| | | |
| On this 2310 day of March | 2004 | |
| Steven M. Wortman | • | |
| | | personally appeared before me, |
| | | |
| who is personally known to me | | |

Arriy J. Patterson
(Notary's Printed Name)

Scal

My Commission Expires:

Amy J Pullbracet

My Commission DD020373s
Sopins June 27, 2007

H04000067293 3

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

| BEFORE ME the undersigned personally appeared Steven M. \ | Wortman, SVP of Finance of the | |
|--|--|--|
| * general partner of CNL Retirement Sun2 Wilmette IL, | LP (an) Delaware | - · |
| limited parmership, hereinafter referred to as the "Partnership", who | certifies as follows: | |
| 1. The amount of capital contributions of the limited partners is S 10 | 0.600 m 80 | |
| 2. The anticipated amount of the capital contributions of the limited | | of. |
| transacting business in Florida is \$ 4950.00 | Sat three come me and consecut for this hear house | |
| Under the penalties of perjury I, being duly sworn, declare that I have | ve read the foregoing and know the content | ts thereof and |
| that the facts stated herein are true and correct. | • | |
| Signed this 23rd day of March 2004 | 4 | • |
| By: CNL Retirement Sun2 Wilm | , b. | |
| By: Steven M. Wortman, VP | of Finance of General Part | ner |
| STATE OF FLORIDA | | 5 |
| COUNTY OF ORANGE | 1 22 | S S S S S S S S S S S S S S S S S S S |
| On this 28rd day of March | , 2004 | ECXE AH |
| Steven M. Wortman | personally appeared before me, | FILED 04 MAR 30 PM 12: 36 SECKETARY OF STALL TALL AHASSEF. FLORID |
| | | THE STATE OF THE S |
| ✓ who is personally known to me whose identity I proved on the basis of | <u>.</u> | 96 98-1 |
| — whose identity i proved on the observer | 1 | 9 |
| (Notary Public Figurature) | - | |
| Amy J. Patterson | • | |
| (Notary's Printed Name) | • | |
| Seal My Commission Expires: | · · · · · · · · · · · · · · · · · · · | |
| Tau. Some ! Delicare. | • | |

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Delaware PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT SUN2 WILMETTE IL, 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 SEVENTRENTH DAY OF MARCH, A.D. 2004.

3778038 8300 040183472



HOTELENTY CHELOTTEP 2992440

DATE: 03-17-04