

Florida Department of State
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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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN LIMITED PARTNERSHIP

CNL Retirement MOP Largo FL, LP

Certificate of Status	1
Certified Copy	1
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H04000072949 3

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**1. CNL Retirement MOP Largo 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

(State of Formation)

4. March 24, 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

(City)

, Florida32801-3336

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:



(Agent must sign on this line)

8. 450 S. Orange AvenueOrlando, 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 MOP B Pack GP, LLC 450 S. Orange Ave., Orlando, FL 32801#M0400000128810. 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withdrawn.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

H04000072949 3

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TALLAHASSEE, FLORIDA

H04000072949 3

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.

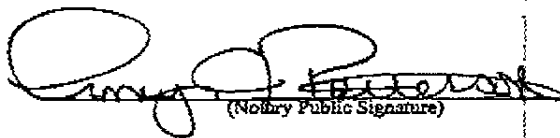
Signed this 30th day of March, 2004SMW

Steven M. Wortman, Vice President of Finance

STATE OF FLORIDACOUNTY OF ORANGEOn this 30th day of March, 2004

Steven M. Wortman

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 DD0205736
Expires June 27, 2007

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JULIA M. CORPORATION'S
TALLAHASSEE, FLORIDA

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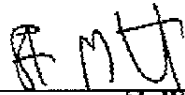
AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Steven M. Wortman, VP of Finance of the
a general partner of CNL Retirement MOP Largo FL, LP & (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 \$ 33,500,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 33,500,000.00

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 3rd day of March, 2004.



Steven M. Wortman, Vice President of Finance

STATE OF FLORIDA
COUNTY OF ORANGE

On this _____ day of _____, 2004.

Steven M. Wortman _____, 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 DD0205738
Expires June 27, 2007

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