

08/09/2004 1:32 PM

Division of Corporations

001

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000163263 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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) 540-2699

RECEIVED

04 AUG -9 PM 1:53

DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 AUG -9 PM 1:13

FILED

FOREIGN LIMITED PARTNERSHIP

CNL Retirement DAS Lender, LP

Certificate of Status	1
Certified Copy	1
Page Count	45
Estimated Charge	\$1,846.25

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Not for Lodgement	DCC
W. P. Verifier	DCC


Electronic Filing Menu

Corporate Filing

Public Access Help

TC
\$5,000,000.00

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

1. CNL Retirement DAS Lender, 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. July 29, 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
- CNL Retirement DAS Lender GP, LLC MOY - 3162
- 450 S. Orange Ave., Orlando, FL 32801-3336
10. 450 S. Orange Avenue, 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of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.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

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 5th day of August, 2004

By: CNL Retirement DAS Lender GP, LLC, as General Partner

Robert A. Bourne
ROBERT A. BOURNE, Managing GP

STATE OF FLORIDA

COUNTY OF ORANGE

On this 5th day of August, 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 Public Signature)

Amy J. Patterson

(Notary's Printed Name)

Seal

My Commission Expires: _____



Amy J. Patterson
My Commission 000203785
Expires June 27, 2007

2004 AUG -9 P 12:13
SECRETARY OF
STATE
ALABAMA

FILED

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared ROBERT A. BOURNE, Manager of the
 general partner of CNL Retirement DAS Lender, LP, 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 \$ 75,000,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 5,000,000.00

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 5th day of August, 2004.

By: CNL Retirement DAS Lender GP, LLC, as General Partner

ROBERT A. BOURNE, manager of GP

STATE OF FLORIDA

COUNTY OF ORANGE

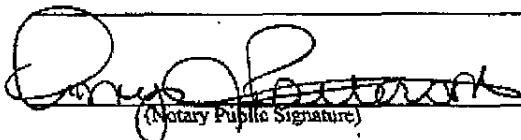
On this 5th day of August, 2004

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: _____



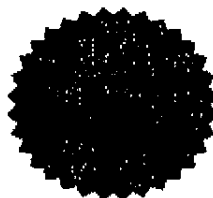
Amy J. Patterson
 My Commission DD0203758
 Expires June 27, 2007

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT DAS LENDER, 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 THIRTIETH DAY OF JULY, A.D. 2004.



3836309 8300

040557855

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3265906

DATE: 07-30-04