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To:

Division of Corporations

Fax Number

1 (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

FOREIGN LIMITED PARTNERSHIP

CNL Retirement Ebyl Illinois, LP

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Corporate Filing

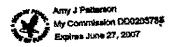
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APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

CNL Retirement Eby1 Illinois, LP	!
(Name of limited par	tnership as it is in the home state)
 (If name is unavailable, name under which the limited 	partnership proposes to register or transact business in Flori
must contain the v	word "LIMITED" or "LTD.")
3. Delaware	4_ August 12, 2004
(State of Formation)	(Date of Formation)
Linda A. Scarcelli	
(Name of Registered	
450 S. Orange Avenue	Agent for Service of Process)
(Street Addn	ess of Registered Office)
Orlando	32801-3336
(City)	Florida 3280 1-3338 (Zip Code)
	•
7. Acceptance by the Registered Agent for Service of	Process:
Agent m	ust sign on this line)
450 S. Orange Avenue	
Orlando, FL 32801-3336	
(Address of registered office required in state of	of formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS	STREET ADDRESS
CNL Retirement Eby1 Illinois GP, LLC	450 S. Orange Ave., Orlando, FL 32801-333
M04 - 3419	
	·
10, 450 S. Orange Ave., Orlando, FL 32	1
(Office where Names, Addresses an	d Contributions of Limited Partners are kept.)
	records listing the addresses and capital contributions of the d partnership's registration in Florida is canceled or

CONTINUED

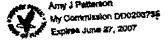
	•	:
2. P.O. Box 4920)	1
Orlando, FL 3	2802-4920	!
	(Mailing Address of Limited Partners	hip)
	ary I, being duly sworn, declare that I have read the f	foregoing and know the contents thereof
signed this 18th	day of August	2004
<u></u>		2
TATE OF FLOR	IDA	04 NUS 23 AT 10
OUNTY OF ORA	NGE	3
On this 18	day of August , 2004	· · · · · · · · · · · · · · · · · · ·
Robert A. Bourn	e	personally appeared before me,
who is personally kn	nowe to me	
whose identity I pro	oved on the basis of	
	(Notal Prolic Signature)	<u> </u>
•	Arny J. Patterson (Notary's Printed Name)	— :
Seal	My Commission Expires:	



ia:	លល

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared	Kobell M. Bourne, Mi	anager or me	_
a general partner of CNL Retirement Eby1 IIII	inois, LP	n) Delaware	<u> </u>
limited partnership, hereinafter referred to as the "Partnership			<u> </u>
3. The amount of capital contributions of the limited p		የአን	
2. The anticipated amount of the capital contributions	of the limited partners that	are allocated for the purpos	os of
transacting business in Florida is \$ 4950.00	· · · · · · · · · · · · · · · · · · ·	· ·	
		1	
Under the penalties of perjury I, being duly sworn, dec	clare that I have read the fo	regoing and know the conte	nts thereof and
that the facts stated herein are true and correct.			ø.
Signed this \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2004	!	2 N. S.
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STATE OF FLORIDA		*	ن د
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COUNTY OF ORANGE	THE STATE OF THE S	स्त्रीकृतिकारणसम्बद्धाः अञ्चलकं क्षात्री क्षात्री विकाससम्बद्धाः अस्त्रीकृतः । अस्त	en de ender i si i
COUNTY OF ORANGE	August	2004	en e
COUNTY OF ORANGE	ral Partner	,	erene er
COUNTY OF ORANGE On this 1844 day of A	ral Partner	2004 ly appeared before me,	entendente de la companya de la comp
COUNTY OF ORANGE On this 184	ral Partner	,	enterment in the second se
COUNTY OF ORANGE On this 1844 day of A	ral Partner	,	
COUNTY OF ORANGE On this A day of A	ral Partner	,	
COUNTY OF ORANGE On this A day of A	ral Partner	,	
COUNTY OF ORANGE On this A day of A	ral Partner	,	
COUNTY OF ORANGE On this day of A Robert A. Bourne, Manager of the Gener who is personally known to me whose identity I proved on the basis of (Notary Public Signature)	ral Partner	,	
COUNTY OF ORANGE On this day of Another A. Bourne, Manager of the General Who is personally known to me whose identity I proved on the basis of Arny J. Patterson	ral Partner	,	
COUNTY OF ORANGE On this day of A Robert A. Bourne, Manager of the Gener who is personally known to me whose identity I proved on the basis of (Notary Public Signature)	ral Partner	,	
COUNTY OF ORANGE On this day of Another A. Bourne, Manager of the General Who is personally known to me whose identity I proved on the basis of Arny J. Patterson	ral Partner	,	



Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRL RETIREMENT BBY1 ILLINOIS, LP"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO WAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTE DAY OF AUGUST, A.D. 2004.

CIVISION OF CORPORATIONS



Darriet Smith Windson Secretary of State

3842116 8300 AUTHENTICATION: 3293914

DATE: 08-13-04

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