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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

AMY J. PATTERSON

Account Name

: CNL FINANCIAL GROUP, INC.

Phone

Account Number : 113615003626

: (407)650~1000

Fax Number

: (407)540-2699

FOREIGN LIMITED PARTNERSHIP

CNL Retirement ER6, LP

Certificate of Status	0
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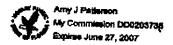
11/24/2004

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

, CNL Retirement ER6, LP	
(Name of limited partne	ership as it is in the home state)
(If name is unavailable, name under which the limited p must contain the wor	eartnership proposes to register or transact business in Flor rd "LIMITED" or "LTD.")
Delaware	4. October 29, 2004
(State of Formation)	(Date of Formation)
s. Linda A. Scarcelli	
(Name of Registered A	gent 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 Pr	rocess:
(Agent musi	t sign on this line)
8_450 S. Orange Avenue	
Orlando, FL 32801-3336	S
(Address of registered office required in state of i	formation or, if not required, address of principal office.)
9. NAMES OF GENERAL PARTNERS MOYOOOO SIVO	STREET ADDRESS
CNL Retirement ER6 GP, LLC 450 S. C	Drange Ave., Orlando, FL 32801-3336
10. 450 S. Orange Avenue, Orlando, FL 32 (Office where Names, Addresses and 6	2801-3336 Contributions of Limited Partners are kept.)
•	ecords listing the addresses and capital contributions of the

CONTINUED

12. P.O. Box 49	20				
Oriando, FL	32802-4920				
	(Mailing Address of Limi	ted Partnership)			
	erjury I, being duly sworn, declare that I hat ted herein are true and correct.	ve read the foregoin	g and know th	e content	s thereo
Signed this 17th	_{day6} November		2004		
BY:	XIIIIII I DEEL	as General	Partner		
STATE OF FLC	SKULTE J. Beebel EVP of Ge ORIDA	neral Partne)		,	
COUNTY OF OR	ANGE				
On this 17	th day of November , 2	2004		: [
Stuart J. Beeb	e	, pers	onally appeare	d before	me,
🛮 who is personally	known to me	•	•		T 30
whose identity I	proved on the basis of				
					က္
	Notary Public Signature Amy J. Patterson				S
Seal	(Notary's Printed Name) My Commission Expires:				



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AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared STUART J. Beedle, EVP of the a general partner of CNL Retirement ER6, LP , a (an) Delay			
	vare		
limited partnership, hercinafter referred to as the "Partnership", who certifies as follows:			
 The amount of capital contributions of the limited partners is \$ 5000.00 The anticipated amount of the capital contributions of the limited partners that are allocate transacting business in Florida is \$ 4950.00 	rd for the purpo	eses of	
Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and that the facts stated herein are true and correct.	d know the con	tents thereq	f and
Signed this 17th day of November 2004			
By: CNI Retirement ER6 GP LLC, as General By: Stuart J. Beese, EVP of General Partner STATE OF FLORIDA COUNTY OF ORANGE		200 DE 300 A &	
• · · ·	2004	្ល ទី	
Stuart J. Beebe, personally appeared	before me,		
who is personally known to me whose identity I proved on the basis of			<u> </u>
mo fortent		. ,	 ,
- (Motorykrithae stermate)			

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CML RETIREMENT ER6, 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 TWENTY-NINTH DAY OF OCTOBER, A.D. 2004.

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3444283

DATE: 10-29-04

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