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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: **AMY J. PATTERSON**
Account Name : CNL RETIREMENT PROPERTIES, INC.
Account Number : I20050000015
Phone : (407) 650-1068
Fax Number : (407) 835-3232

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 JAN 19 AM 10:33

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LP/LLP

CNL Retirement CRS2, LP

Certificate of Status	0
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Estimated Charge	\$1,052.50

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. CNL Retirement CRS2, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.

(If name unavailable, name under which the limited partnership or limited liability limited partnership
proposes to register to transact business in Florida; must contain acceptable suffix.)

2. Delaware

(State or Country of Formation)

3. September 22, 2005

(Date of Formation)

4. Amy J. Patterson

(Name of Registered Agent for Service of Process)

5. 450 S. Orange Avenue, Orlando, FL 32801

(Florida street address for Registered Agent)

6. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent7. 450 S. Orange Avenue, Orlando, FL 32801

(Principal office address)

8. If limited partnership is a limited liability limited partnership, check box ☐

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9. 450 S. Orange Avenue, Orlando, FL 32801

(Mailing address)

10. Name, principal office address, and mailing address of each general partner:

CNL Retirement CRS2 GP, LLC

(Name)

MOB-314

450 S. Orange Avenue, Orlando, FL 32801

(Street Address)

450 S. Orange Avenue, Orlando, FL 32801-3336

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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2006 JAN 19 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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CNL

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_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)
_____ (Name)	_____ (Street Address)
	_____ (Mailing Address)

11. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 17th day of January, 20 06

Signature of a general partner:

Stuart J. Beebe
Stuart J. Beebe, President of GP

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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Delaware

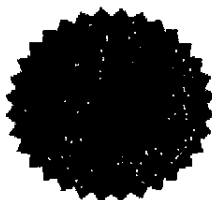
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT CRS2, 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 TWELFTH DAY OF JANUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2006 JAN 19 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4443328

DATE: 01-12-06

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