

Electronic Filing Cover Sheet

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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

FLORIDA/FOREIGN LP/LLP

CNL Retirement CRS1 2817 Denton TX, LP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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Corporate Filing Menu

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LIMITED LIABILITY LIMITED PARTNERSHIP

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR 1 SECRETARY OF STATE TO TRANSACT BUSINES IN FLORIDA , CNL Retirement CRS1 2817 Denton TX, 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 3 02/17/2006 (Date of Formation) (State or Country 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 an accept the obligations of my position as registered agent. Signature of Registered Agent 7. 450 S. Orange Avenue, Orlando, FL 32801 (Principal office address)

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

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	i			

9. 450 S. Orange Avenue, Or (Maili	lando, FL 32801 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
10. Name, principal office address, and mailing address of each general partner:				
CNL Retirement CRS1 2817 Denton TX GP, LLC	450 S. Orange Avenue			
mob-1304 (Name)	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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(Name)	(Street Address MAR - b A 10: 32
	SECRETARY OF STATE (Mailing Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the date of	filing:
(Effective date cannot be prior to no filed by the Florida Department of L	or more than 90 days after the date this document is State.)
to the delivery of this application to	ence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of ly of the entity's records in the jurisdiction under the
Signed this 22nd day	of February 20 06.
Signature of a general partner:	·
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75
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Delaware FILED

The First State

2006 MAR -6 . A 10: 32

TALLAHASSEE, FLOSTOA

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT CRS1 2817 DENTON TX, 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-FIRST DAY OF FEBRUARY, A.D. 2006.

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

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Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4534927

DATE: 02-21-06

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