

**B06000000106**

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

**FLORIDA/FOREIGN LP/LLP**

**CNL Retirement CRS1 McKinney TX, LP**

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

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

**1. CNL Retirement CRS1 McKinney 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**

(State or Country of Formation)

**3. 02/17/2006**

(Date of Formation)

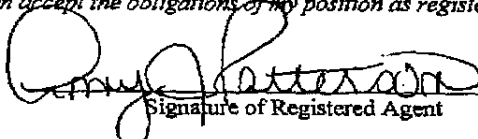
**4. Amy J. Patterson**

(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 Agent

**7. 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 CRS1 McKinney TX GP, LLC

(Name)

MD6000001306

(Name)

(Name)

(Name)

450 S. Orange Avenue  
(Street Address)  
Orlando, FL 32801-3336

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

(Street Address)

(Mailing Address)

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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 22nd day of February, 20 06

Signature of a general partner:

*Stuart Price*

**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

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT CRS1 MCKINNEY 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.

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4534971

DATE: 02-21-06

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