

04/27/06 09:32 FAX 407 650 1022

CNL ASSET MANAGEMENT INC

001

Division of Corporations

H060001034213

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Florida Department of State
Division of Corporations
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((H06000103421 3))

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

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

AMY J. PATTERSON

RECEIVED

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LP/LLP

CNL Retirement Eby2, LP

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

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J. BRYAN APR 28 2006

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4/18/2006

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 27 AM 10:35

1. CNL Retirement Eby2, 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. February 7, 2006

(Date of Formation)

4. Amy J. Patterson

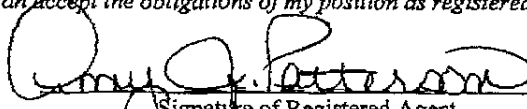
(Name of Registered Agent for Service of Process)

5. 420 S. Orange Ave., Suite 500

(Florida street address for Registered Agent)

Orlando, FL 32801

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. 420 S. Orange Ave., Suite 500

(Principal office address)

Orlando, FL 32801

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

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9. 420 S. Orange Ave., Suite 500
(Mailing address)Orlando, FL 32801

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

CNL Retirement Eby2 GP, LLC

(Name)

#M06000002264

420 S. Orange Ave., Suite 500

(Street Address)

Orlando, FL 32801Same as above

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

(Name)

(Street Address)

(Mailing Address)

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

FILED STATE
SECRETARY OF CORPORATIONS
06 APR 27 AM 10:36

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

(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 18th day of April, 20 06

Signature of a general partner:

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