CNL TAX ACCOUNTING

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Page 1 of 2 Division of Q

Florida Department of State

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To:

Division of Corporations

: (850)205-0383 Fax Number

From:

SUZANNE M. McLAUGHLIN

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 : (407)650~1000 Phone : (407)650-1065 Fax Number

EORI	EIGN LIMITED LIABI	LITY COMPANY	
CORPOR	CNL Retirement ST1 Colorado GP, LLC		
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	Estimated Charge	\$160.00	

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CNL Retirement ST1 Colorado GP, LLC The state of the s (Name of foreign limited liability company) Applied for Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Perpetual 4, 2/07/2003 (Duration: Year limited liability company will coase to (Date of Organization) exist or "perpetual") Upon qualificiation (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 450 S. Orange Avenue, Orlando FL 32801 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 🗹 9. The name and usual business addresses of the managing members or managers are as follows: James M. Seneff Jr., 450 S. Orange Avenue, Orlando FL 32801 Robert A. Bourne, 450 S. Orange Avenue, Orlando FL 32801 Thomas J. Hutchison III, 450 S. Orange Avenue, Orlando FL 32801 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: General partner of limited partnership

Typed or printed name of signee

Linda A. Scarcelli, Assistant Secretary

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true.)

Carcell

02/21/03 10:33 FAX 407 650 1065

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CNL Retirement ST1 Colorado GP, LLC

2. The name and the Florida street address of the registered agent and office are:

Filling W. Scalcelli		
	(Name)	
450 S. Orange Av	venue	
Florida st	reet address (P.O. Box NOT ACCEPTABLE)	
Orlando	FL 32801	
	(City/State/Zip)	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

\$ 100.00 Filing Fce for Application

S 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

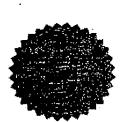
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Delaware

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT STI COLORADO GP, LLC" 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 TENTH DAY OF FEERUARY, A.D. 2003.



Warriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2250039

DATE: 02-10-03