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Division of Corporations

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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

Fax Number : (407)650-1065

FOREIGN LIMITED LIABILITY COMPANY

Name Availabilit y	
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Updater Verifyer	DCC
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P. Verifyer

CNL Retirement MA4 GP Holding, LLC

Certificate of Status	1
Certified Copy	1
Page Count	- 03 -V
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:

(Name of foreign	n limited liability company)				
Delaware	3. Applied for				
Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)				
5/14/2003	5. Perpetual				
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")					
Upon qualification					
(Date first transacted business in Florida. (S	ee sections 608.501, 608.502, and 817.155, F.S.)				
450 S. Orange Avenue, Orlando FL 32801	03 SEC TAIL				
	ARET NAME				
(Street addre	ss of principal office)				
If limited liability company is a manager-manage	of comments wheels here				
If initied figothty company is a manager-manage	To B				
The name and usual business addresses of the ma					
James M. Seneff Jr., 450 S. Orange Avenu	ue, Orlando FL 32801 $\stackrel{\square}{_{}{}}$ $\stackrel{\square}{}$ ω				
Robert A. Bourne, 450 S. Orange Avenue,	Orlando FL 32801				
Bernard J. Angelo, 445 Broad Hollow Rd.,	Melville NY 11747				
	90 days old, duly authenticated by the official having custody of record totocopy is not acceptable. If the certificate is in a foreign language, a the submitted.)				
. Nature of business or purposes to be conducted	or promoted in Florida: General partner of				
limited partnership					
Sind ()	Scarcel				
	authorized representative of a member.				
(In accordance with section 608,408(3) an affirmation under the penaltics of pe), F.S., the execution of this document constitutes erjury that the facts stated herein are true.)				

Typed or printed name of signee

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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 MA4 GP Holding, LLC

Z. The ham	e and the Plonga sheet w	ddress of the registered agent and office are:		03	
	Linda A. Scarcell	i	二二部		
		(Name)		三	
450 S. Orange Avenue			RY CERTA SEE, FLOI		Ť
Florida street address (P.O. Box NOT ACCEPTABLE)		-E		E	
	Orlando	ਜ਼ਾ 32801)RIDA	& 33	

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 Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional) 30.00 5.00 Certificate of Status (optional)

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Delaware

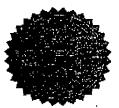
ו אובי בכל

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT MA4 GP HOLDING, 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 FOURTEENTH DAY OF MAY, A.D. 2003.

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

TALLAHASSEE FLATE



Warriet Smith Hindan

3658416 8300

030313484

AUTHENTICATION: 2417063

H03000198636 0 DATE: 05-14-03