### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

SUZANNE M. McLAUGHIJN

Account Name : CNL FINANCIAL GROUP, INC.

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

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#### FOREIGN LIMITED LIABILITY COMPANY

CNL Retirement MA4 GP West Orange NJ, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
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 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Ţ	CNL Retirement MA4 GP West Orange NJ, LLC						
1.	(Name of foreign limited liability company)		· . i				
2.	Delaware 3 Applied for						
,	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		,				
4.	06/25/2003 5. Perpetual (Date of Organization) (Duration: Year limited liability company wi	march The Erre	<b>.</b> 53				
	(Date of Organization) (Duration: Year limited liability company wi	ll cease to					
6	Upon qualification	<u> </u>	1				
υ.	(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	110	, <del>(2</del>				
7	450 S. Orange Avenue, Orlando FL 32801	न्य हैं। इ.स.	7				
••			13 13				
	(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:							
	Bernard J. Angelo, 445 Broad Hollow Rd., Melville NY 11747						
Robert A. Bourne, 450 S. Orange Avenue, Orlando FL 32801							
James M. Seneff Jr., 450 S. Orange Avenue, Orlando FL 32801							
			. 1.				
10.	Attached is an original certificate of existence, no more fran 90 days old, duly authenticated by the official having of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign translation of the certificate under each of the translation must be submitted.)						
11	. Nature of business or purposes to be conducted or promoted in Florida: General partner	of	••				
	limited partnership	<u>,</u>					
	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 penaltics of pergury that the facts stated herein are true.)  Linda A. Scarcelli, Assistant Secretary.	n 5-					

Typed or printed name of signce

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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.

I. The name of	f the Limited Liabilit	ty Company is:	-		
CNL Retirem	ient MA4 GP West	t Orange NJ, LLC	型份	<u>ن</u> ت	
2. The name and the Florida street address of the registered agent and office are:		AH SS		書	
	Linda A. Scarce	115		3	
		(Name)	- 55	Ď	
	450 S. Orange A	Avenue	Şħ	22	
	Florida	street address (P.O. Box <u>NOT</u> 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.

Jan Stance (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

H03000229055 6 PAGE 1

# Delaware

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT MAA GP WEST ORANGE NJ, 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 TWENTY-SIXTH DAY OF JUNE, A.D. 2003.

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



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Harrier Smith Windsor, Secretary of State

AUTHENTICATION: 2497381

DATE: 06-26-03

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