07/09/03 12:52 FAX 407 850 1085

CNL TAX ACCOUNTING

Division of Corporations 0000027

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000229063 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

SUZANNE M. MCLAUGHEIN

Account Name : CNL FINANCIAL GROUP, INC.

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

Fax Number : (407)650~1065

FOREIGN LIMITED LIABILITY COMPANY

CNL Retirement MA4 GP Northville MI, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

INION OF CORPORATION

H03000229063 0

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	CNL Retirement MA4 GP Northville MI,			.		
	(Name of fo	reign li	nited liability company)			_
2 D	elaware	3	Applied for		4 1 _{6 4}	
(Ju	risdiction under the law of which foreign limited liab company is organized)	bility	(FEI number, if ap	plicable)	****	- 7
	- · · · ·				57.	7
4	06/25/2003 (Date of Organization)	5.	Perpetual		<u> </u>	بندر
	(Date of Organization)		(Duration: Year limited liability exist or "perpetus	company wu		· · · · ·
e	Upon qualification					153
φ. –	(Date first transacted business in Florid	a. (Scc	sections 608.501, 608.502, and 817.	.155, F.S.)		27.52
7	450 S. Orange Avenue, Orlando FL 328	301	Alternative Control of the Control o	- <u> </u>		iès J≝
						-
	(Street a	ddress c	f principal office)	<u>4:- '</u>		•
8. Ji	flimited liability company is a manager-mar	naged o	ompany, check here 🗹	-		
9. T	he name and usual business addresses of the	e mana	ging members or managers ar	e as follow	s:	
_	Bernard J. Angelo, 445 Broad Hollow R	Rd., Me	elville NY 11747	1±	- 11	
	Robert A. Bourne, 450 S. Orange Aven	ue, Oi	lando FL 32801			
-	James M. Seneff Jr., 450 S. Orange Av	enue,	Orlando FL 32801			•
ť	utached is an original certificate of existence, no more to be jurisdiction under the law of which it is organized. (A anslation of the certificate under eath of the translator n	Aphoto	copy is not acceptable. If the certifica	icial having o	istody of rea	cords in
11.	Nature of business or purposes to be conduc	ted or	promoted in Florida: Gener	al partner	of	
_1:	imited partnership					
	Signature of a member or a (in secondance with section 608.40 an affirmation under the penalties Linda A. Scarcelli, Assi	an auth 18(3). F.S of perjur istant	nonized representative of a me in the execution of this document consti- y that the facts stated herein are true.) Secretary	mber.		

H03000229063 0

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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 Northville MI, LLC	<u>1384.</u>
2. The name and the Florida street address of the registered agent and office are:	
Linda A. Scarcelli	
(Name)	58 0
450 S. Orange Avenue	<u> </u>
Florida street 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.

San Concere.

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

H03000229063 0 PAGE

Delaware The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT MA4 GP NORTHVILLE MI, 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.

Harriet Smith Windsor, Secretary of State AUTHENTICATION: 2497314

DATE: 06-26-03

3674879 6300

030423076