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To:

Division of Corporations

Fax Number

·: (850)205-0383

AMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

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

Fax Number. : (407)650-1065

FOREIGN LIMITED LIABILITY COMPANY

CNL Retirement Eden2 North Carolina GP, LLC

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

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Corporate Filing

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CNL TAX ACCOUNTING

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

	<i>'TOTRANSACTBUSINESS INTHE</i> en2 North Carolina GP, LL	,	ORIDA:		
1. CIVE Remember Eu	(Name of foreign lin		company)	· · · · · · · · · · · · · · · · · · ·	 · ·
Delevere	`	٠,			
	f which foreign limited liability s organized)	Applied f	Or (FEI number	er, if applicable)	· ·
4 October 7, 2003 (Date of Orga	nization) 5.	Perpetua (Duration:	Year limited	liability company will perpetual")	cease to
5. Upon qualification	ansacted business in Florida. (See s	ections 508 50			
7. 450 S. Orange Ave	•	· · ·	71, 000,502, 6	14. STV.155, 155.)	-
Orlando, FL 38201-					03 0
James M. Seneff, Robert A. Bourne,	(Street address of pany is a manager-managed consiness addresses of the manager., 450 S. Orange Ave., Orlands Ave., Orlands Ave., Orlands Ave., Orlands Ave., Ave.	ompany, chi ging member lando, FL do, FL 328	eck here vers or mana 32801-3336	gers are as follows	03 OCT 16 PH 2: 35
the jurisdiction under the law translation of the certificate	cate of existence, no more than 90 d v of which it is organized. (A photox inder oath of the translator must be s purposes to be conducted or p	copy is not according to the control of the control	ptable. If the	certificate is in a foreign	
	den2 North Carolina, LP) !		
	M		,		
(In a	nature of a member or an auth cordance with section 608.408(3), F.S. Timation under the penalties of perjur	, the execution	of this docume	ent constitutes	

Typed or printed name of signee

Robert A. Bourne, Manager

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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	y is:
----	-----	------	--------	---------	-----------	---------	-------

CNL Retirement Eden2 North Carolina GP, LLC

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

Linda A. Scarcelli

(Name)

450 S. Orange Avenue

Florida street address (P.O. Box NOT ACCEPTABLE)

Orlando

FL 32801-3336

(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.

Sud Scarcell (Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT EDEN2 NORTH CAROLINA 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 THIRTEENTH DAY OF OCTOBER, A.D. 2003.

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



Harrlet Smith Windsor, Secretary of State

AUTHENTICATION: 2685671

DATE: 10-13-03

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