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From:

ACCOUNT Name PATTERSON INANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)550-1000

Fax Number : (407) 650-1000

FOREIGN LIMITED LIABILITY COMPANY

CNL Retirement ER4 GP. LLC

Certificate of Status	1
Certified Copy	1
Page Count	0,3
Estimated Charge	\$160.00

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11/14/2003

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## 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:

CNL Retirement ER4 GP, LL	C				
	(Name of foreign tir	nited liability of	ompany)		
Delaware	3.	Applied fo	r	r, if applicable)	
(Jurisdiction under the law of which fore company is organized)	ign ilmited ilability	; ,	reinumoc	r, ii applicane)	
November 12, 2003	5,	perpetual			
(Date of Organization)		(Ouranon: )		iability company will c perpetual")	ease to
Upon qualification		} 3		12222 88	
(Date first transacted but	siness in Florida. (See s	ections 608.500	, 608.502, a	nd 817.155, F.S.)	سم
450 S. Orange Avenue		<u>.</u> <u>;</u>			<u> </u>
Orlando, FL 32801-3336	-	<u>;</u>			
	(Street address o	f principal offic	e)		,
If limited liability company is a r	nanager-managed o	company, che	ck here 🗸		
The name and usual business add	lresses of the mana	ging membe	s or manaş	gers are as follows:	وي ميان د اور
James M. Seneff, Jr.	450 S. Orange	Ave., Orlan	io, FL 32	301-3336	, 4, e = 
Robert A. Bourne	450 S. Orange	Ave., Orlan	io, FL 32	801-3336	
Thomas J. Hutchison, III	450 S. Orange	Ave., Orlan	do, FL 32	801-3336	<del></del>
. Attached is an original certificate of exist the jurisdiction under the law of which it translation of the certificate under oath o	tis organized. (A photo filte translator must be s	copy is not accept submitted.)	otable. If the	certificate is in a foreign	
. Nature of business or purposes	to be conducted or	promoted in	Florida: 🧘	General Partner	
of CNL Retirement ER4, LP		}			
les					
(in accordance wi	nember or an and th section 608.408(3), F.I. der the penalties of perju	i., the execution $\dot{p}$	of this docume	nt constitutes	
Robert A. E	Sourne, Manager				
	Typed or printed:	name of signic	36		

## 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

STATE OF FLO	RIDA.
1. The name of	the Limited Lizbility Company is:
CNL Retireme	ent ER4 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.

Stucell.

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

FROM CORPORATION TRUST WILM TEAM #2

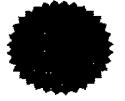
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## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT ER4 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 BHOW, AS OF THE TWELFTH DAY OF NOVEMBER, A.D. 2003.

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



Harriet Smith Windson, Secretary of State

3725512 8300

030726302

AUTHENTICATION: 2743448

DATE: 11-12-03

H03000317715 3