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To:

Division of Corporations

Fax Number

: (850)205-0383

Prom:

AMY J. PATTERSON

Account Name : CML FINANCIAL GROUP, INC.

Account Number : 113615003626

Phone

: (407)650~1000

Fax Number

: (407)540-2699

FOREIGN LIMITED LIABILITY COMPANY

CNL Retirement Aur1 Maryland GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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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 LIBITATY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CNL Retirement Aurt Maryland GP, LLC		<u> </u>
(Name of Foreign I	Limited Liability Company)	
2. Delaware	3. Applied for .	
(Jurisdiction under the law of which foreign limited is company is organized)	liability (FEI number, if applicable)	 -
4 October 20, 2004	5 Perpetuai =	
(Date of Organization)	(Duration: Year limited liability company will eee exist or "perpetual")	ur to
	exist or perpetual)	_
6. Upon qualification	T:	<u></u>
	9 602 E.S. to determine new-life liebility)	S
•	rij-r	•
7. 450 S. Orange Avenue	الات الله الله الله الله الله الله الله الله	
Orlando, FL 32801-3336		و پ
	Address of Principal Office)	4
•		တ
8. If limited liability company is a manager-ma	nanaged company, check here 🗹	
 The name and usual business addresses of the Thomas J. Hutchison, III, 450 S. Orange Ave., 	the managing members or managers are as follows: Orlando, FL 32801-3336	
Robert A. Bourne, 450 S. Orange Ave., Orland	do, FL 32801-3336	
Stuart J. Beebe, 450 S. Orange Ave., Orlando,	, FL 32801-3338	·
	e than 90 days old, duly authenticated by the official having custody photocopy is not acceptable. If the certificate is in a foreign languagest be submitted.)	
11. Nature of business or purposes to be condu	lucted or promoted in Florida: General Partner	
of Limited Partnership		
(In accordance with section 608, an affirmation under the penalti- Linda A. Scarcelli, Authorit	or an authorized representative of a member. 3.408(3), F.S., the execution of this document constitutes ties of perjury that the facts stated herein are true.) ized Representative r printed name of signee	

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.

	ent Aur1 Maryland GP, LLC e and the Florida street addre	ss of the registered agent and office a	ure:	
	Linda A. Scarcelli			
	•	(Name)		
	450 S. Orange AVenue			
	Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	04 0CT 29	73
	Orlando	FL 32801-3336		Ġ
	•	City/State/Zip	29 888	226
liability comp agent and ag relating to th	pany at the place designated in tree to act in this capacity. I five te proper and complete perform	ed to accept service of process for the a on this certificate, I hereby accept the a further agree to comply with the provisi mance of my duties, and I am familiar ent as provided for in Chapter 608, Fla	ppointment as registered ions of all statutes with and accept the	
_	(Signature)	<u> </u>		

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

10/29/2004 10:09 FAX

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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 AURI. MARYLAND GF, 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 THENTY-FIRST DAY OF OCTOBER, A.D. 2004.



Harriet Smith Windson, Secretary of State

3870254 8300

040758465

AUTHENTICATION: 3424153

DATE: 10-21-04

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