Page 1 of I

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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)540-2699

FOREIGN LIMITED LIABILITY COMPANY

CNL Retirement Aur1 Connecticut GP, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Comporate Filing

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

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

| 1. | CNL Retirement Aur1 Connecticut GP, LLC | |
|----|---|---|
| | (Name of Foreign Limited Liability Company) | |
| 2. | Delaware | • |
| | (Aurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) | |
| 4. | October 20, 2004 5. Perpetual | |
| | (Date of Organization) (Duration: Year limited lizbility company will cease to exist or "perpetual") | |
| 6. | Upon qualification | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7. | 450 S. Orange Aveлue | |
| | Orlando, FL 32801-3338 | |
| | (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: | |
| | Thomas J. Hutchison, III, 450 S. Orange Ave., Orlando, FL 32801-3336 | |
| • | Robert A. Bourne, 450 S. Orange Ave., Orlando, FL 32801-3336 | DIVISI EL |
| | Robert A. Bourne, 450 S. Orange Ave., Orlando, FL 32801-3336 Stuart J. Beebe, 450 S. Orange Ave., Orlando, FL 32801-3336 | 121 S |
| th | Attached is an original certificate of existence, no more than 90 days old, duly authonicated by the official having custody of recognization under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, and relation of the certificate under oath of the translator must be submitted.) | |
| 11 | . Nature of business or purposes to be conducted or promoted in Florida: General Partner | |
| | of Limited Partnership | • |
| | 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 penalties of perjury that the facts stated herein are true.) Linda A. Scarcelli, Authorized Representative | |
| | Typed or 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.

| The name of the Limited Liability Company is: ONL Retirement Auril Connecticut GR. U.C. | | | | |
|--|--|--|--|--|
| TAUTI Connection GP, LCC | | | | |
| and the Florida street addr | ress of the registered agent and office are: | | | |
| Linda A. Scarcelli | | | | |
| | (Name) | | | |
| 450 S. Orange AVenue | • | | | |
| Florida Street | t Address (P.O. Box NOT ACCEPTABLE) | | | |
| Orlando | FL 32801-3336 | | | |
| | City/State/Zip | | | |
| | Linda A. Scarcelli 450 S. Orange AVenus Florida Street | | | |

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, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) FROM CT-WILMINGTON - 302_655_4236 GROUP 6

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT AURI CONNECTICUT 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 TWENTY-FIRST DAY OF OCTOBER, A.D. 2004.



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AUTHENTICATION: 3424196

DATE: 10-21-04