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To:

Division of Corporations

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: (850)205-0383

From:

AMY J. PATTERSON

Account Name : CNL FINANCIAL GROUP, INC.

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

Fax Number : (407

: (407)540-2699

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FOREIGN LIMITED LIABILITY COMPANY

CNL Retirement ER6 GP, LLC

Certificate of Status	0
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11/24/2004

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	CNL Retirement ER6 GP, LLC						
	(Name of Foreign Limite	d Li	ability Company)				
7	Delaware	3	41-2157551				
	(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI number, if applicable)				
4.	October 29, 2004	5.	Perpetual				
•••	(Date of Organization)	•	(Duration: Year limited liability company will cease to exist or "perpetual")				
6.	Upon qualification			· -			
	(Date first transacted business in (See sections 608.501 & 608.502 F	Flor	ida, if prior to registration.) to determine penalty liability)				
7.	450 S. Orange Avenue						
	Orlando, FL 32801-3336			- ·			
	(Street Addre	SS O	f Principal Office)				
8.	If limited liability company is a manager-manage	ed o	company, check here 🔽				
9.	The name and usual business addresses of the ma	ana	ging members or managers are as follows:				
	Thomas J. Hutchison, III 450 S. Orange Avenue, Or	lan	do, FL 32801-3336	: -			
	Stuart J. Beebe 450 S. Orange Avenue, Orlando, F	L3	2801-3336				
Robert A. Bourne 450 S. Orange Avenue, Orlando, FL 32801-3336							
th	e jurisdiction under the law of which it is organized. (A photoc	ору		ords in			
trz	nslation of the certificate under oath of the translator must be s	llorr)	mean)	""			
11	. Nature of business or purposes to be conducted	or	111-4,				
	of Limited Partnership			m			
	- May 4	ļ	relle si				
		, F.	horized representative of a member. ω				
	Stuart J. Beebe		1 were no titles smoot not on a net)				
	Typed or print	cd	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.

1. The name of the Limited Liability Company is:

2. The name and the Florida street ad	dress of the registered agent and office are:	TALL	_
Linda A. Scarcelli			NOV 24
	(Name)	ASSEE .	± 1
450 S. Orange Avenue		ना । ना	E ME
Florida Str	- 6:	ö	
Orlando	27 37801	OKIDA	ယ

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, Florida Statutes.

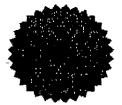
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

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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 ER6 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-MINTH DAY OF OCTOBER, A.D. 2004.



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Harriet Smith Windson, Secretary of State

AUTHENTICATION: 3444792

DATE: 10-29-04