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To:

Division of Corporations

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: (850)205-0383

AMY J. PATTERSON
Account Name : CNL RETIREMENT PROPERTIES, INC.

Account Number : I20050000015

: (407)650-106B

Phone

Fax Number

: (407)835-3232

OREIGN LIMITED LIABILITY COMPANY

CNL Retirement DAS Little Rock AR GP, LLC

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

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

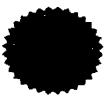
| 1.  | CNL Retirement DAS Little Rock AR GP, LLC  | _        |  |  |
|---|--|----------|--|--|
|   | (Name of Foreign Limited Liability Company)  |          |  |  |
| 2.  | Delaware 3. 54-2173834   | _        |  |  |
|   | (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)   |          |  |  |
| 4.  | May 12, 2005  5 Perpetual  (Date of Organization)  Ouration; Year limited liability company will cease to  | _        |  |  |
|   | (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")   |          |  |  |
| 6.  | Upon qualification (Date first transacted business in Florida, if prior to registration.)  | <b>-</b> |  |  |
|   | (See sections 608.501 & 608.502 F.S. to determine penalty liability)   |          |  |  |
| 7.  | 450 S. Orange Ave., Suite 200. Attn: Amy Patterson   | -        |  |  |
|   | Orlando, FL 32801-3336   | 05,      |  |  |
|   | (Street Address of Principal Office)   | -≧       |  |  |
| 8.  | If limited liability company is a manager-managed company, check here 🗸  | JUN 14   |  |  |
| 9.  | 7. The name and usual business addresses of the managing members or managers are as follows:   |          |  |  |
| Thomas J. Hutchison, III 450 S. Orange Ave., Orlando, FI 32801-3336 |  |          |  |  |
| Robert A. Bourne, 450 S. Orange Ave., Orlando, FL 32801-3336        |  |          |  |  |
|   | Stuart J. Beebe, 450 S. Orange Ave., Orlando, FL 32801-3336  | _        |  |  |
| thx   | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receptable. If the certificate is in a foreign language, a unlation of the certificate under oath of the translator must be submitted.) | cords in |  |  |
| 11  | . Nature of business or purposes to be conducted or promoted in Florida: General Partner of  | -        |  |  |
|   | Limited Partnerships   | _•       |  |  |
|   | Vach Celtings  |          |  |  |
|   | 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.)  Clark Hettinga  St. Vice President & 66   |          |  |  |
|   | Typed or printed name of signee  |          |  |  |



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT DAS LITTLE ROCK AR 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 TWELFTH DAY OF MAY, A.D. 2005.

3968925 8300 050387401



Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 3935008

DATE: 06-09-05

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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.

|   | <del>-</del> |
|---|--------------|
|   |              |
| CNL Retirement DAS Little Rock AR GP, LLC |              |
|   |              |

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

1. The name of the Limited Liability Company is:

| Amy J. Patterson  |  |
|-------------------|--|
|                   | (Name)                                   |
| 460 S. Orange Ave | nue, Suite 200                           |
| 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 registere agent and agree to act in this capacity. I further agree to comply with the provisions of all statuted relating to the proper and complete performance of my duties, and I am familiar with and accept the offiguious of my position as registered agent as provided for in Chapter 608, Florida Statutes.

gnature)

\$ 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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