### Florida Department of State

Division of Corporations Public Access System

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To:

From:

Division of Corporations Fax Number : (850) 205-0383

AMY J. PATTERSON

Account Name : CNL RETIREMENT PROPERTIES, INC.

Account Number : I20050000015 : (407)650-1068 Phone

: (407)835-3232 Fax Number

FOREIGN LIMITED LIABILITY COMPANY

CNL Retirement CRS1 Valley View Dallas TX GP, LLC

Certificate of Status	1
Certified Copy	1
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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 POLLOWING IS SUBMITTED TO REGISTER A FOREIG LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ě٧
CNL Retirement CRS1 Valley View Dallas TX GP, LLC (Name of Foreign Limited Liability Company)	
2 Delaware 3, 75-3200354	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. August 19, 2005 (Date of Organization)  5. perpetual (Duration: Year limited liability 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 Avenue, Suite 200	
Orlando, FL 32801-3336  (Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here ✓  PRODUCTION  The name and usual business addresses of the managing members or managers are as follows:	prince I
9. The name and usual business addresses of the managing members or managers are as follows:	-77
Stuart J. Beebe, 450 S. Orange Ave., Orlando, FL 32801-3336	****
Robert A. Bourne, 450 S. Orange Ave., Orlando, FL 32801-3336	_2
Bernard J. Angelo, 445 Broad Hollow Road, Melville, NY 11747	-
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under path of the translator must be submitted.)	n
11. Nature of business or purposes to be conducted or promoted in Florida: General Partner	
of Limited Partnership	
Street Mell	
Signature of a methber 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 penjury that the facts stated herein are true.)	
Stuart J. Beebe, Manager	

Typed or printed name of signee

# Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT CRS1 VALLEY VIEW DALLAS TX 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-SECOND DAY OF AUGUST, A.D. 2005.

2005 OCT 12 AM 10: 10
SECRETARY OF STATE
TALLAHASSEE FLORIDA



Warriet Smith Hindson Harriet Smith Windson, Sacretary of State

AUTHENTICATION: 4105616

DATE: 08-22-05

**4**018563 **8300** 050688819

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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.

1. The name of the Limited Liability Company is:

#### CNL Retirement CRS1 Valley View Dallas TX GP, LLC

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

Amy J. Patterson	•		
	(Name)	<del></del>	
450 S. Orange Av		2005 OC SECRE	-
Florida Street Address (P.O. Box NOT ACCEPTABLE)			t g
Orlando	FL 32801-3336	12 A PARY DI ASSEE.	
	City/State/Zip	AM IO: OF STATE: E.FLOR	O

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.

Signature)

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