

M05000006647

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000276753 3))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

RECEIVED  
05 DEC -2 AM 11:02  
DIVISION OF CORPORATION

To:

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

From:

AMY J. PATTERSON

Account Name : CNL RETIREMENT PROPERTIES, INC.  
Account Number : I20050000015  
Phone : (407) 650-1068  
Fax Number : (407) 835-3232

12/5

**FOREIGN LIMITED LIABILITY COMPANY**

**CNL Retirement DAS Cypress TX GP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC -2 AM 10:57

APPROVED  
AND  
FILED

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

H05000276753 3

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

*IN COMPLIANCE WITH SECTION 608.503, 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 Cypress TX GP, LLC  
(Name of Foreign Limited Liability Company)

2. Delaware 3. 76-0801224  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. September 29, 2005 5. Perpetual  
(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.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 450 S. Orange Avenue, Suite 200, Orlando, FL 32801  
(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:

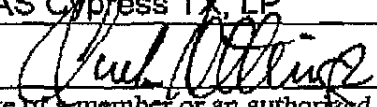
Stuart J. Beebe, 450 S. Orange Ave., Orlando, FL 32801-3336

Robert A. Bourne, 450 S. Orange Ave., Orlando, FL 32801-3336

Clark Hettinga, 450 S. Orange Ave., Orlando, FL 32801-3336

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 oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: General Partner  
of CNL Retirement DAS Cypress TX LP

  
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  
Typed or printed name of signee

H05000276753

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 DEC -2 AM 10:57

APPROVED  
AND  
FILED

**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 DAS Cypress TX GP, LLC

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

Amy J. Patterson

(Name)

450 S. Orange Avenue, Suite 200

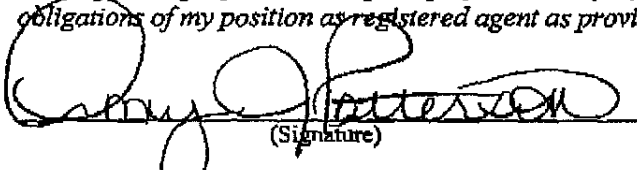
Florida Street Address (P.O. Box NOT ACCEPTABLE)

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 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)

SECRETARY OF STATE  
TALAHASSEE, FLORIDA

05 DEC -2 AM 10:57

APPROVED  
AND  
FILED

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

H05000276753 3

# Delaware

PAGE 1

*The First State*

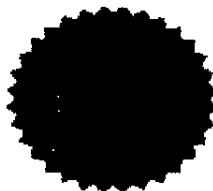
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL RETIREMENT DAS CYPRESS TX GP, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

APPROVED  
AND  
FILED

05 DEC -2 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*  
 Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4309598

4038257 8300

050945279

DATE: 11-21-05

H05000276753 3