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To:

Division of Corporations

Fex Number : (850)205-0383

From:

LINDA A. SCARCELLI

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone : (407)650-1000 Fax Number : (407)540-2699

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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PENNSYLVANIA SENIOR HOUSING, LLC

Certificate of Status	0
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Page Count	<i>91 2</i>
Estimated Charge	\$55.00

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October 6, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CNL FINANCIAL GROUP, INC.

SUBJECT: PENNSYLVANIA SENIOR HOUSING, LLC

REF: M06000003205

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist FAX Aud. #: H06000245265 Letter Number: 206A00059375

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06 OCT -6 AHII: 01
DIVISION OF CORPORATION

P.O BOX 6327 - Tallahassee, Florida 32314

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

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department State: Pennsylvania Senior Housing, LLC	of Design
2.	Jurisdiction of its organization: DELAWARE	WISION OF COL
3.	Date authorized to do business in Florida: June 9, 2006	CORFORATION OF THE
	SECTION II (4-7 complete only the applicable changes)	159
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? October 4, 2006	
5.	New name of the limited liability company: CNL Senior Housing V, LLC	
	If the amendment changes the period of duration, indicate new period of duration:	
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:	%. 2
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:	··· 244\$
9.	Attached is an original certificate, no more than 90 days old, evidencing the aforemention amendment(s), duly authenticated by the official having custody of records in jurisdiction under the law of which this entity is organized. By: Signature of a member of the authorized representative of a member Linda A. Scarcelli, as Secretary of CNL Senior Housing Member, LLS as the Managing Member of CNL Senior Housing	the
	Typed or printed name of signee	

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CNL SENIOR HOUSING V, 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 FOURTH DAY OF OCTOBER, A.D. 2006.

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

OF OF THE STATE OF THE OFFICE OFFICE OF THE OFFICE OFFICE



Variet Smith Windson Secretary of State

AUTHENTICATION: 5091578

DATE: 10-04-06

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