

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000163

**FILED**  
**Apr 05, 2006**  
**Secretary of State**

**Entity Name:** EVANSVILLE MOB OWNERS LIMITED PARTNERSHIP

**Current Principal Place of Business:**

450 S. ORANGE AVENUE, SUITE 200  
ORLANDO, FL 328013336

**New Principal Place of Business:**

420 S. ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801 US

**Current Mailing Address:**

450 S. ORANGE AVENUE, SUITE 200  
ORLANDO, FL 328013336

**New Mailing Address:**

420 S. ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801 US

**FEI Number:** 84-1670156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATTERSON, AMY J  
450 S. ORANGE AVENUE, SUITE 200  
ORLANDO, FL 328013336 US

**Name and Address of New Registered Agent:**

PATTERSON, AMY J  
420 S. ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/05/2006

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: M05000001767  
Name: CNL RETIREMENT DAS EVANSVILLE IN GP, LLC  
Address: 450 S. ORANGE AVENUE, SUITE 200  
City-St-Zip: ORLANDO, FL 328013336

**ADDRESS CHANGES ONLY:**

Address: 420 S. ORANGE AVENUE, SUITE 500  
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: STUART J. BEEBE

P

04/05/2006

Electronic Signature of Signing General Partner

Date