

CT CORPORATION SYSTEM

B94000000371

CORPORATION(S) NAME

Retirement Living Communities, L.P.

0

300004683883--2  
-11/15/01--01051--015  
\*\*\*\*\*17.50 \*\*\*\*\*17.50

300004683883--2  
-11/15/01--01051--016  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED  
01 NOV 15 PM 12:05  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

11/15/01

Order#: 4892709

Ref#:

Amount: \$

BK

FILED  
01 NOV 15 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**CERTIFICATE OF CANCELLATION  
FOR**

Retirement Living Communities, L.P.

(insert name currently on file with Florida Dept. of State)

FILED  
01 NOV 15 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

CAPITAL RETIREMENT GROUP, INC., G.P.

By: James A Stroud COO  
(Signature of a General Partner)

JAMES A STRAUD COO

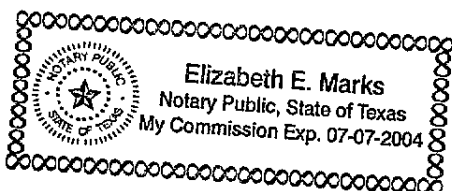
(Typed or Printed name of General Partner Signing Above)

STATE OF TEXAS

COUNTY OF DALLAS

On this 2<sup>ND</sup> day of OCTOBER, 2001, JAMES A. STRAUD  
personally appeared before me,

- ☒ who is personally known to me  
☐ whose identity I proved on the basis of \_\_\_\_\_



Elizabeth E. Marks  
Notary Public Signature

ELIZABETH E. MARKS  
Notary's Printed Name

Seal

My Commission Expires: 7-7-04