## 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B02000000033

Entity Name: CNL RETIREMENT-AM/ILLINOIS LP

**FILED** Mar 16, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

450 SO. ORANGE AVE. 450 SO. ORANGE AVE. ORLANDO, FL 328013336 SUITE 200

ORLANDO, FL 328013336

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 4920

450 S. ORANGE AVENUE SUITE 200, ATTN: AMY PATTERSON ORLANDO, FL 328024920

ORLANDO, FL 32801

FEI Number: 01-0632087 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ANDERSON, PHILLIP M PATTERSON, AMY J 450 SO. ORANGE AVE. 450 SO. ORÁNGE AVE. ORLANDO, FL 328013336 US SUITE 200

ORLANDO, FL 328013336 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: AMY J. PATTERSON 03/16/2005

> Electronic Signature of Registered Agent Date

Capital Contributions as Shown on record: 4,950.00

Amount of Capital Contributions in Florida to date: 4,950.00

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #: F02000000094

CNL RETIREMENT-GP/ILLINOIS CORP Name:

450 SO. ORANGE AVE. Address: Address: City-St-Zip: ORLANDO, FL 328013336 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: THOMAS J. HUTCHISON, III. 03/16/2005