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Division of Corporations

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AMY J. PATTERSON

From:

Account Name : HEALTH CARE PROPERTY INVESTORS, INC.

Account Number : 120060000167 Phone : (407)650-1068

Fax Number : (407)835-3235

DISS/TERM/CANCEL/REV OF LP/LLP

CNL RETIREMENT DARTMOUTH MA, LP

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NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

CNL Retirement Dartme	
(Name of limited partner	rship or limited liability limited partnership)
Delaware	
(Jur	isdiction of formation)
02/28/2002	
(Date authorize	ed to transact business in Florida)
This foreign limited partnership or lir transacting business in Florida and w s. 620.1907, F.S.	mited liability limited partnership is no longer ishes to cancel its certificate of authority pursuant to
This entity appoints the Florida Depa rights of action arising out of the tran	rtment of State as its agent for service of process for saction of business in this state.
Effective date, if other than the date of (Effective date cannot be prior to nor more to Department of State.)	of filling: han 90 days after the date this document infield by the Florida
Signature of a general partner:	B 42
Typed or printed name:	
John Mark Rathsey	
Certified Copy (optional):	\$52.50 \$52.50 \$8.75