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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 Phone

: (407)650-1000

Fax Number

: (407)650-1065

LIMITED PARTNERSHIP AMENDMENT

CNL RETIREMENT PC1 NAPLES FL, LP

Certificate of Status	0
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2003

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SEURLTARY OF STATE SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS/EORIASSEE, FLORIDA FOREIGN LIMITED PARTNERSHIP

The undersigned general partners ofCNL Retirement PC1 Naples FL, LP	. .
a (an)	· · · · · · · · · · · · · · · · · · ·
Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.176,	
Florida Statutes. The total amount of the capital contributions of the limited partners that is allocated for the purpose of transacting business in Florida is: \$ 8,700,000.00	
Signed this day of March, 2003.	

FURTHER AFFLANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

By: CNL Retirement PC1 Naples FL, LLC as General Partner

General Partner

Executive Vice President of GP

FEES:

\$7 per \$1,000 based on the additional contributions (Minimum \$52.50 - Maximum \$1,750.00)

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS21(1/00)