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Florida Department of State

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Division of Corporations

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AMY & PATTERSON

Account Name

: HEALTH CARE PROPERTY INVESTORS, INC.

Account Number : I20060000167

Phone

: (407)650-1068

Fax Number

: (407)835-3235

DISS/TERM/CANCEL/REV OF LP/LLP

CNL RETIREMENT MA3, LP

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1/10/2007

H070000081283

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

CNL Retirement MA3, LP	
(Name of limited partnership or limited lie	ability limited partnership)
Delaware	
(Jurisdiction of forms	ition)
11/25/2002	
(Date authorized to transact busi	iness in Florida)
This foreign limited partnership or limited liability l transacting business in Florida and wishes to cancel	its certificate of authority pursuant to
s. 620.1907, F.\$.	62()
This entity appoints the Florida Department of State rights of action arising out of the transaction of busi	
Effective date, if other than the date of filing:	the date this document is filed by the Florida
Signature of a general partner:	- Ts 0
Typed or printed name:	F JAN
John Mark Ramsey	I SS
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	AM 10: 05 STATE SEE, FLORIDA