

# 2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B02000000386

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Entity Name:** CNL RETIREMENT MA2 OKLAHOMA, LP

**Current Principal Place of Business:**

450 S. ORANGE AVENUE  
SUITE 200  
ORLANDO, FL 32801

**New Principal Place of Business:**

420 S. ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

450 S. ORANGE AVENUE  
SUITE 200, ATTN: AMY PATTERSON  
ORLANDO, FL 32801

**New Mailing Address:**

420 S. ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801

FEI Number: 02-0652573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PATTERSON, AMY J  
450 S. ORANGE AVENUE  
SUITE 200  
ORLANDO, FL 32801 US

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

PATTERSON, AMY J  
420 S. ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2006

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: CNL RETIREMENT MA2 GP HOLDING, LLC

Address: 450 S. ORANGE AVE.

City-St-Zip: ORLANDO, FL 32801

**ADDRESS CHANGES ONLY:**

Address: 420 S. ORANGE AVE., SUITE 500

City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. 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: STUART J. BEEBE

P

04/20/2006

Electronic Signature of Signing General Partner

Date