Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

AMY J. PATTERSON

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 MA2 OKLAHOMA, LP

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

CNL Retirement MA2 Oklahoma, LP	
(Name of limited partnership or limited liability limited partnership)	
Delaware	
(Jurisdiction of formation)	
11/25/2002	
(Date authorized to transact business in Florida)	
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuar s. 620.1907, F.S.	of to $\frac{1}{10000000000000000000000000000000000$
This entity appoints the Florida Department of State as its agent for service of process rights of action arising out of the transaction of business in this state.	O7 JAN SECHET
Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Flo Department of State.)	
Signature of a general partner:	9: 17 STATE LORIDA
Typed or printed name:	
John Mark Ramsev	
Filing Fec: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	