

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Kathleen M. Walkling

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626
Phone : (407)650-1000
Fax Number : (407)650-1065

LIMITED PARTNERSHIP AMENDMENT

CNL RETIREMENT MA3 CALIFORNIA, LP

RECEIVED
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SUPPLEMENTAL AFFIDA FOREIGH	AVIT OF CAPITAL COI N LIMITED PARTNER		NS FOR A
The undersigned general partners of	CNL Retirement MA3 Cali	fornia, LP	
	a (an) Delav		
Limited Partnership, executed this su	pplemental affidavit filed purs	mant to section 62	20.176,
Florida Statutes. The total amount of	f the capital contributions of th	e limited partners	that is
allocated for the purpose of transacting	ng business in Florida is: \$ 4,9	350.00	
Signed this 17 day of War	ch	, <u>%003</u> ,	

FURTHER AFFIANT 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 MA3 GP Holding, LLC as General Partner General Partner

Linda A. Scarcelli, Assistant Secretary 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