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To:

Division of Corporations

Fax Number

: (850)205-0383

Kathleen M. Welkling

Account Name

: CNL FINANCIAL GROUP, INC.

Account Number: 113615003626

Phone

(407) 650-1000

Fax Number

: (407)650-1065

LIMITED PARTNERSHIP AMENDMENT

CNL RETIREMENT MA3 GEORGIA. LP

Certificate of Status	0
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Estimated Charge	\$52.50

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SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR STATE FOREIGN LIMITED PARTNERSHIP

The undersigned general partners of _	CNL Retirement MA3 Georgia, LP	
	a (an) Delaware	
Limited Partnership, executed this sup	pplemental affidavit filed pursuant to section 620.176,	
	the capital contributions of the limited partners that is g business in Florida is: \$ 4.950.00	
Signed this 177 day of 1000	<u>vh</u> , <u>2003</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

By: 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

INHS21(1/00)