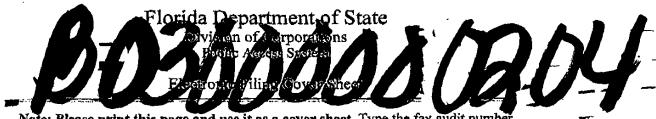
Division of Corporations



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To:

Division of Corporations:

Fay 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

JAN II AM IO: 22
ECRETARY OF STATE

## DISS/TERM/CANCEL/REV OF LP/LLP

CNL RETIREMENT MA4 WHEATON IL, LP

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$105.00

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H07000008248 3

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

## CNL Retirement MA4 Wheaton IL, LP

(Name of limited partnership or limited liability limited partnership)

Delaware				
	(Jurisdiction o	f formation)	<del></del>	
6/12/2003	,			: .
	(Date authorized to trans	act 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 pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

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 Florida Department of State.)

Signature of a general partner:

Typed or printed name:

John Mark Ramsey

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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