

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B03000000207

**FILED**  
**Apr 10, 2004**  
**Secretary of State**

**Entity Name:** CNL RETIREMENT MA4 ROCKVILLE MD, LP

**Current Principal Place of Business:**

450 S ORANGE AVE.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 328024920

**New Mailing Address:**

**FEI Number:** 04-3763216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCARCELLI, LINDA A  
450 S ORANGE AVE.  
ORLANDO, FL 32801 US

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

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

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 4,950.00

**Amount of Capital Contributions in Florida to date:** 4,950.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

**Document #:**

**Name:** CNL RETIREMENT MA4 GP ROCKVILLE MD, LLC

**Address:** 450 S ORANGE AVE.

**City-St-Zip:** ORLANDO, FL 32801

**Address:**

**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** THOMAS J. HUTCHISON, III

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04/10/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date