

0030000207  
Florida Department of State  
Division of Corporations  
Public Access System  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000008244 3)))



H070000082443ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 205-0383

From: AMY J. PATTERSON  
Account Name : HEALTH CARE PROPERTY INVESTORS, INC.  
Account Number : I20060000167  
Phone : (407) 650-1068  
Fax Number : (407) 835-3235

RECEIVED  
07 JAN 11 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**CNL RETIREMENT MA4 ROCKVILLE MD, LP**

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

FILED  
07 JAN 11 PM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H07000008244 3

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

**CNL Retirement MA4 Rockville MD, LP**

(Name of limited partnership or limited liability limited partnership)

**Delaware**

(Jurisdiction of formation)

**6/12/2003**

(Date authorized to transact business in Florida)

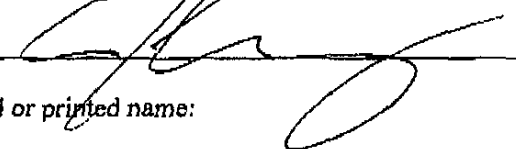
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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**

**FILED**  
**07 JAN 11 11:10:19**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

H07000008244 3