

**B03000000215**

Florida Department of State  
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**To:**

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

**From:**

Kathleen M. Walking  
Account Name : CNL FINANCIAL GROUP, INC.  
Account Number : 113615003626  
Phone : (407) 650-1000  
Fax Number : (407) 650-1065

**LIMITED PARTNERSHIP AMENDMENT****CNL RETIREMENT MA4 GREENSBORO NC, LP**

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**CERTIFICATE OF AMENDMENT  
TO  
APPLICATION FOR REGISTRATION  
OF**

**CNL Retirement MA4 Greensboro NC, LP**

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this certificate of amendment to its registration application:

The registration application is amended as follows:

The general partner shall be amended to CNL Retirement MA4 GP Greensboro NC, LLC.

450 S. ORANGE AVENUE  
ORLANDO FL 32801

  
(Signature of a General Partner)

Linda A. Scarcelli, Asst Secretary of GP

(Typed or printed name of General Partner signing above)

STATE OF FLORIDA

COUNTY OF ORANGE

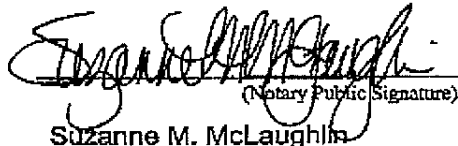
On this 9<sup>th</sup> day of July, 2003, Linda A. Scarcelli personally appeared before me,



who is personally known to me



whose identity I proved on the basis of \_\_\_\_\_

  
(Notary Public Signature)

Suzanne M. McLaughlin

(Notary's Printed Name)

Seal

My Commission Expires:



Suzanne M. McLaughlin  
My Commission CC972520  
Expires October 03, 2004

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