

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B03000000365

**FILED**  
**Apr 11, 2005**  
**Secretary of State**

**Entity Name:** CNL RETIREMENT EDEN2 NORTH CAROLINA, LP

**Current Principal Place of Business:**

450 S. ORANGE AVENUE  
ORLANDO, FL 328013336

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 328024920

**New Mailing Address:**

450 S. ORANGE AVENUE  
SUITE 200, ATTN: AMY PATTERSON  
ORLANDO, FL 328013336

**FEI Number:** 20-0290893

**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 AVENUE  
ORLANDO, FL 328013336 US

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

PATTERSON, AMY J  
450 S. ORANGE AVENUE  
ORLANDO, FL 328013336 US

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: AMY J. PATTERSON

04/11/2005

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 EDEN2 NORTH CAROLINA GP, LL

Address: 450 S. ORANGE AVENUE

City-St-Zip: ORLANDO, FL 328013336

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

P

04/11/2005

Electronic Signature of Signing General Partner

Date