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Florida Department of State  
Division of Corporations  
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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

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

**CNL RETIREMENT ER 5, LP**

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

**CNL Retirement ER5, LP**

(Name of limited partnership or limited liability limited partnership)

**Delaware**

(Jurisdiction of formation)

**5/12/2004**

(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**

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