

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000036

**FILED**  
**Feb 13, 2006**  
**Secretary of State**

**Entity Name:** CNL RETIREMENT HB3 WEST UNIVERSITY HOUSTON TX, LP

**Current Principal Place of Business:**

450 S. ORANGE AVE  
ORLANDO, FL 328013336

**New Principal Place of Business:**

420 S. ORANGE AVE.  
SUITE 500  
ORLANDO, FL 32801

**Current Mailing Address:**

P.O. BOX 4920  
ORLANDO, FL 328024920

**New Mailing Address:**

420 S. ORANGE AVE.  
SUITE 500  
ORLANDO, FL 32801

**FEI Number:** 32-0135536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

PATTERSON, AMY J  
420 S. ORANGE AVE.  
ORLANDO, FL 32801 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:

02/13/2006

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #: M050000000373  
Name: CNL RETIREMENT HB3 WEST UNIVERSITY HOUSTON  
Address: 450 S. ORANGE AVENUE  
City-St-Zip: ORLANDO, FL 328013336

**ADDRESS CHANGES ONLY:**

Address: 420 S. ORANGE AVENUE, SUITE 500  
City-St-Zip: ORLANDO, FL 328013336

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: STUART J. BEEBE

P

02/13/2006

Electronic Signature of Signing General Partner

Date