

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B06000000450

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** CNL RETIREMENT DAS CLERMONT FL, L.P.

**Current Principal Place of Business:**

5215 N. O'CONNOR BLVD, STE 1785  
IRVING, TX 75039

**New Principal Place of Business:**

1307 W. 6TH STREET, SUITE 204  
CORONA, CA 92882

**Current Mailing Address:**

5215 N. O'CONNOR BLVD, STE 1785  
IRVING, TX 75039

**New Mailing Address:**

1307 W. 6TH STREET, SUITE 204  
CORONA, CA 92882

**FEI Number:** 20-5972509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROGERS, WILLIAM S JR.  
1538 THE GREENS WAY, STE 105  
JACKSONVILLE BEACH, FL 32250 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: M06000006851  
Name: CNL RETIREMENT DAS CLERMONT FL GP, LLC  
Address: 5215 N. O'CONNOR BLVD, STE 1785  
City-St-Zip: IRVING, TX 75039

**ADDRESS CHANGES ONLY:**

Address: 1307 W. 6TH STREET, SUITE 204  
City-St-Zip: CORONA, CA 92882

I hereby 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: CNL RETIREMENT DAS CLERMONT FL GP, LLC

GP

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date