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To:

Division of Corporations

Fax Number : (850)205-0380

From:

AMY J. PATTERSON

Account Name :: HEALTH CARE PROPERTY INVESTORS, INC.

Account Number : I20060000167

	Account Number : I20060000167 Phone : (407)650-1068	•	
	Fax Number : (407)835-3235		
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## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

## CNL Retirement CRS1 Delphis Lead Lender Partner 2, Inc. (Name of Corporation) F05000004737 (Document Number of Corporation (if known) Delaware (Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

420 S. Orange Avenue, Suite 500		_
(Mailing Address)		
Orlando, FL 32801	SEC	07
(City/ State /Zip)	ARE H,	J# _
	ASS ASS	= <u></u>
The corporation agrees to notify the Department of State in the future	e of any change in its mailing add	rēss.
	F STA FLOR	
(Signature of a threator, president or other officer - if in the hands of a receiver or other court appointed fideciary by that fiduciary)	ORIO (Date)	<u>ა</u>
John Mark Ramsey	υ.ρ	
(Typed or printed name of person signing)	(Title of person signing)	

**FILING FEE \$35**