2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004739

Entity Name: CNL RETIREMENT CRS1 DELPHIS LEAD LENDER PARTNER 1, INC.

FILED Mar 06, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
450 S. ORANGE AVE. ORLANDO, FL 328013336				420 S. ORANGE AVE. SUITE 500 ORLANDO, FL 32801		
Current Mailing Address:				New Mailing Address:		
450 S. ORANGE AVE. ORLANDO, FL 328013336				420 S. ORANGE AVE. SUITE 500 ORLANDO, FL 32801		
FEI Number	: 02-0747626	FEI Number Applied For ()	FEI Nun	nber Not Appl	licable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PATTERSON, AMY J 450 S. ORANGE AVE. ORLANDO, FL 328013336 US				PATTERSON, AMY J 420 S. ORANGE AVE. SUITE 500 ORLANDO, FL 32801 US		
	named entity s e of Florida.	submits this statement for the p	ourpose o	f changing i	ts registered	office or registered agent, or both,
SIGNATURE:				03/06/2006		
	Electron	ic Signature of Registered Age	ent			Date
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DEVP () BEEBE, STUAR 450 S. ORANGI ORLANDO, FL	E AVE.		Title: Name: Address: City-St-Zip:	BEEBE, STUA 420 S. ORANG	GE AVE., SUITE 500
Title: Name: Address: City-St-Zip:	D () BOURNE, ROBI 450 S. ORANGI ORLANDO, FL	E AVE.		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	PCEO () HUTCHISON, TI 450 S. ORANGI ORLANDO, FL	E AVE.		Title: Name: Address: City-St-Zip:	HETTINGA, C 420 S. ORAN	GE AVE., SUITE 500
Title: Name: Address: City-St-Zip:	D () PATTERSON, A 450 S. ORANGI ORLANDO, FL	MY J E AVE.		Title: Name: Address: City-St-Zip:	ANDERSON,	GE AVE., SUITE 500
Title: Name: Address: City-St-Zip:	EVP () PHILLIP, ANDE 450 S. ORANGI ORLANDO, FL	E AVE.		Title: Name: Address: City-St-Zip:	S (. GUTIERREZ, 420 S. ORANO ORLANDO, FI	GE AVENUE
Title: Name: Address:	S (X) GUTIERREZ, L' 450 S. ORANGI			Title: Name: Address:	() Change ()Addition

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: STUART J. BEEBE P 03/06/2006

ORLANDO, FL 328013336

City-St-Zip: