

01/11/2007 1:27 FAX

Division of Corporations

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**F05000004739**

Florida Department of State  
Division of Corporations  
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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 : 120060000167  
Phone : (407) 650-1068  
Fax Number : (407) 835-3235

**DISSOLUTION OR WITHDRAWAL**

**CNL RETIREMENT CRS1 DELPHIS LEAD LENDER PARTNER 1, I**

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*Ps 1/12/07*  
*W. H.*

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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 1, Inc.**

(Name of Corporation)

**F05000004739**

(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**

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**John Mark Ramsey**

(Typed or printed name of person signing)

(Date)

**V.P.**  
(Title of person signing)**FILING FEE \$35**

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